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ABSTRACT

"Zero to Three" is a single-focus bulletin of the National Center for Infants, Toddlers, and Families providing insight from multiple disciplines on the development of infants, toddlers, and their families. Noting that during the earliest years of life, much of children's learning about themselves and the world around them occurs in connection with daily routines, this issue focuses on the complex and subtle social interactions that occur during daily routines and rituals. The featured articles include the following: (1) "Fresh Perspectives on Young Children and Family Routines" (Lorraine F. Kubicek); (2) "Routines of Daily Living and Rituals in Family Life: A Glimpse at Stability and Change during the Early Child-Raising Years" (Barbara H. Fiese); (3) "How Mothers in Four American Cultural Groups Shape Infant Learning during Mealtimes" (Mary Martini); (4) "What's for Dinner? Family Functioning, Maternal Depression, and Early Childhood Outcomes" (Susan Dickstein and Sarah Martin); (5) "Child Care Is Rich in Routines" (Perry M. Butterfield); and (6) "Bridges to Literacy: Early Routines that Promote Later School Success" (Sharon Rosenkoetter and Lauren R. Barton). Regular departments of the bulletin list Zero to Three publications, videotapes, and on-line resources, and announcements about Zero to Three staff. (HTH)



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February/March 2002

Volume 22 No. 4

Bulletin of ZERO TO THREE: National Center for Infants, Toddlers, and Families



Routines and Rituals

In the Lives of Infants, Toddlers, and Families

How routines support early development

Cross-cultural and family systems perspectives on mealtime routines

The richness of routine in high-quality child care

Early routines as bridges to literacy and school readiness

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This issue of *Zero to Three* explores the role of familiar routines and rituals in the development of infants and toddlers. Especially during the earliest years of life, much of children's learning about themselves and the world around them occurs in connection with daily routines, as infants and toddlers interact with parents, siblings, and other caregivers. Indeed, ZERO TO THREE coined the phrase "the magic of everyday moments" to suggest the powerful opportunities that daily routines provide for parents and caregivers to promote young children's health, learning, and sense of well-being.

In truth, what occurs between infants and toddlers and other people in the context of routines is *not* magic. These social interactions are complex and subtle, but they can be understood. This issue of *Zero to Three* includes reports of research conducted by investigators at the University of Colorado, Syracuse University, the University of Hawaii at Manoa, and Brown University, who use videotaped observations, interviews, and other approaches to document what occurs between young children and adults during caregiving routines, the meaning parents give to family routines and rituals, and the links between routines and children's developmental outcomes. In addition to these research reports, which were presented at a symposium at the Society for Research in Child Development in Spring 2001, this issue includes an essay by Perry Butterfield on child care routines that promote healthy development, excerpted from the forthcoming *Emotional Connections* curriculum to be published by ZERO TO THREE, and a discussion, by Sharon Rosenkoetter, of reading and storytelling routines and rituals that support emergent literacy, based on her Spring 2001 keynote address to the Michigan Association for Infant Mental Health.

We are grateful to all the contributors to this issue, whose combined expertise and experience offer readers a rich and thought-provoking set of insights into the magic – and meaning – of everyday moments in the lives of infants, toddlers, and the adults who care for them. We are especially indebted to ZERO TO THREE Board members Robert N. Emde, Dolores Norton, and Arnold Sameroff, whose pioneering research inspired much of the work reported here, and whose generous mentorship continues to guide us.

Lorraine Kubicek
Guest Editor

Emily Fenichel
Editor

ZERO TO THREE NEEDS YOUR ADVICE!

•Your Baby's Behavior – A Bi-Monthly Column in *American Baby*

ZERO TO THREE's Claire Lerner, in collaboration with colleague Rebecca Parlakian, has begun to write a bi-monthly column on "Your Baby's Behavior" for *American Baby Magazine*. *American Baby* is the United States' second-largest national parenting magazine, with a circulation of about 1,800,000. It is targeted to expectant parents and parents of children up to 1 year old. Each column will address four questions. We encourage *Zero to Three* readers to suggest issues or topics that, on the basis of your parenting and professional experience, you think would be important to include. Please send ideas to Claire Lerner via e-mail at c.lerner@zerotothree.org.

•Tunes for the Toddler Top 40

The August/September 2002 issue of *Zero to Three*, guest-edited by Lori Custodero of Teachers College, Columbia University, will focus on the musical experience of infants and toddlers. As part of the issue, we want to include a list of the songs parents and caregivers like to sing most to infants and toddlers, and the songs that infants and toddlers like most to hear and sing themselves. Please visit ZERO TO THREE's Web site (www.zerotothree.org) before May 1 to register your own choices and the preferences of the infants and toddlers you know, and to tell us your stories about music in the lives of very young children.

ZERO TO THREE



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Cover photography: Marilyn Nolt

FRESH PERSPECTIVES ON YOUNG CHILDREN AND FAMILY ROUTINES

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Family routines are patterned interactions that occur with predictable regularity in the course of everyday living. Especially during the earliest years of life, much of children's learning about themselves and the world around them occurs during social interactions with parents and other family members as part of daily routines like getting dressed and eating dinner. These daily routines, together with family celebrations and traditions, make up what Wolin and Bennett (1984) refer to as the ritual life of families.

Routines help to organize family life, define roles and responsibilities, reinforce family identity, and provide members with a shared and necessary sense of belonging (Wolin & Bennett, 1984). Research suggests that adherence to routines contributes to family stability and continuity, thereby acting as a buffer during normative transitions such as marriage and parenthood (Fiese, Hooker, Kotary, & Schwagler, 1993) and serving a protective function against risk factors such as alcoholism and divorce (Boyce, Jensen, James, & Peacock, 1983).

At least one reason why adherence to family routines may be associated with these positive outcomes is that they provide an ongoing context for strengthening the parent-child relationship. This can happen as, each day, parent and

child come together around common goals and develop patterns of interaction that are adaptive and likely to enhance development.

Through repeated participation in shared, meaningful routines such as greetings, mealtimes, bedtimes, and social games with sensitive and responsive caregivers, children begin to internalize basic procedures for morality (for example, turn taking) and emotional regulation (for example, managing the distress of separation through a good-bye routine at child care) (Emde, Korfmacher, & Kubicek, 2000; Kubicek, in press). They also begin to learn the beliefs, values, and practices of their family and culture (Bossard & Boll, 1950; Fiese et al., 1993; Reiss, 1981; Rogoff, Mistry, Goncu, & Mosier, 1993).

Routines are generally considered a universal attribute of family life that cuts across ethnic and cultural background and socioeconomic status (Bossard & Boll, 1950; Boyce et al., 1983). Nevertheless, few details are known about the actual day-to-day practices of families with young children living in contemporary American society. For example, how are routines affected when both parents work outside the home? How do established routines change following the birth of a second child? How does the mainstream culture affect the routines of newly arrived

The author thanks the Jay and Rose Phillips Family Foundation and the Agency for Children, Youth, and Families for their support of this research. I also wish to thank the mothers for generously sharing the details of their families' day-to-day lives.



PHOTO: MARILYN NOEL

immigrant families? How do routines figure in the lives of young children who are in joint custody arrangements? How do families adapt routines to accommodate and include a child with special needs? How are caretaking routines affected when extended family members such as grandparents are part of the household?

These and similar questions await study. They might all be part of a larger effort by child development researchers and practitioners to understand

- how particular factors such as income level or culture affect what Halpern (1993) refers to as the immediate ecology of children's lives, including the practice of daily routines, caregiving roles and responsibilities, and the general interpersonal environment of the home; and
- how the immediate ecology of children's lives impact their developmental outcomes.

Poverty is a factor that has attracted the attention of several researchers interested in the relation between the day-to-day practices of families with young children and child development. Their findings have suggested that poverty is often associated with a lack of adequate family structure and predictable daily routines (Aponte, 1976; Halpern, 1993), which is linked to poorer outcomes for children. For example, Escalona (1987) studied a group of economically disadvantaged premature infants over time and described a relative lack of structure in the daily lives of the poorest infants

in this group; she found an association between this relative lack of structure and decreased cognitive development. More recently, Norton (1990, 1993) used regular videotaping in the home to document the early experiences of a group of children, all of whom lived with their poor, adolescent mothers in inner-city Chicago neighborhoods. She found considerable variation among the families with respect to routines. Some mothers provided structure to family life through their language and daily routines, and the children in those families tended to fare better, particularly with regard to their developing a sense of time. Norton speculates that these children should be better prepared to govern their behavior according to the time-structure demands character-

at a glance

- Family routines provide an ongoing context for strengthening the parent-child relationship.
- Adherence to family routines is related to preschool social competence.
- The Caretaking Routines Interview explores the practices and structure of day-to-day life with young children.
- A new study of low-income mothers with young children found family life quite structured and child centered.

istic of school classrooms — which should, in turn, help to ease the transition from home to school. On the other hand, Norton also documented a relative lack of structure in caregiving routines in other families. She (1993) writes, "The children get up whenever they awaken and then wander out to the living room, where they alternatively watch television or play for the full four-hour taping" (p. 87). She continues, "Meals are sometimes prompted by someone bringing in food, or the arrival of an older sibling from school asking for food, or the whining insistence of a child" (p. 87).

It is important to emphasize that on the basis of objective criteria such as maternal age, socioeconomic status, and residential area, all of the families in Norton's project would be classified as at-risk for compromised child development and family functioning. Yet the deficits she noted were characteristic of only *some* of the families in her low-income sample, not *all* of the families. These findings are important because they caution us against using demographic categories such as poverty or single-parent household as the primary or only explanatory variable and remind us of the need to consider and be sensitive to variation within the samples we study.

Support for this approach comes from two studies that have highlighted the beneficial effects of family routines on child social and cognitive outcomes in low-income Head Start preschoolers. Keltner (1990) found that adherence to family routines was related to preschool social competence. Children from families engaged in predictable routine interactions showed more interest and participation in preschool and were rated as more cooperative and compliant by their teachers. Moreover, Churchill and Stoneman (1997) found that for girls, family routines were associated with higher scores on standardized cognitive tasks and teacher ratings of peer interaction.

The results of these studies suggest a promising area in need of more systematic research into the nature and extent of variation in the practice of daily routines in low-income families with young children. There is also a need to know how variation in their practice may relate to child outcomes. We believe that this kind of information is essential to the development of culturally appropriate information, resources, and supports for families and caregivers. Quoting Norton (1993), "Knowledge of the early experiences of the children from the same racial and socioeconomic background who succeed in school can be used to help those who face similar circumstances but do not succeed" (p. 89). The work described here, which is part of an ongoing, systematic research program focusing on the daily routines of families with young children, builds on these earlier studies and represents some of our early steps in that direction.

A New Study of Daily Life in Families With Very Young Children: The Caretaking Routines Interview

We developed the Caretaking Routines Interview (Kubicek & Emde, 1998) to explore the caretaking routines of a culturally diverse group of low-income families with young children in order to learn more about the practices and structure of their day-to-day lives. We are particularly interested in how families may differ with regard to

- the number of routines they have;
- the extent to which their routines provide opportunities for social and emotional exchange;
- whether children are encouraged to take an active role in these routines; and
- whether time is regularly set aside for reading or other child-centered activities.

We are also interested in how differences in these characteristics of family routines may relate to child outcomes in the toddler and preschool period, particularly with

regard to communication and language. We believe that this research will provide us with the kind of information that is needed to develop culturally appropriate interventions that are relationship-based and centered around meaningful family routines.

Our Caretaking Routines Interview, which usually takes 15 to 20 minutes to complete with a mother, probes in detail about four *targeted* caretaking routines: getting dressed,

playtime, dinnertime, and bedtime. The following questions about bedtime illustrate the specific kinds of issues that are addressed for each of these four targeted routines:

- What time did (child) go to bed last night?
- Can you describe what bedtime was like?
- Did anything happen that was especially amusing or difficult during bedtime last night?
- Was bedtime (last night) pretty typical? If not, how was it different?
- Has (child) started to help with bedtime in any way? If yes, how do you deal with this?
- Is there anything about bedtime that makes it a special time for you and (child)? Is it a time you look forward to and would miss if you could not have this time together? If yes, why?

The interview also includes questions about other members of the household, time mother spends at work and/or school, discipline, other routines in addition to the targeted routines that may be important to her and her family, the best and worst time of day for them, and how important she believes routines are for keeping her family strong. Our impression thus far is that mothers enjoy having an opportunity to talk about the time they spend with their children.

The Caretaking Routines Interview asks about the number of routines, opportunities for social and emotional exchanges, children's role in routines, and time set aside for reading.

Each interview is coded according to a global rating system that was specifically designed to evaluate responses to the Caretaking Routines Interview.¹

The examples and results reported in this article are based on preliminary analyses of responses from 80 women who were the first from an overall sample of 280 mothers from the Denver, Colorado, metropolitan area who met the income criteria for eligibility in Early Head Start and were participating in Early Head Start research. The sample of 80 includes 20 women from each of the predominant cultural groups represented in the sample, i.e., African American, Caucasian, English-dominant Latina, and Spanish-dominant Latina. The women ranged in age from 17 to 37 years, with a mean age of 24 years. Level of education ranged from middle school attendance to associate degree completion; approximately 75% of the women are high school graduates.

What the Mothers Have Told Us

We invited all of the mothers who agreed to participate in the study to our playroom laboratory at the University of Colorado Health Sciences Center when their toddlers were 30 months old. During that visit, they were videotaped while taking part in the Caretaking Routines Interview. Here is a summary of what we found.

Presence of routines. All of the mothers reported a predictable pattern for at least three of the four caretaking routines we specifically probed for in the interview, i.e., getting dressed, playtime, dinnertime, and bedtime. More than half also reported that they engaged in at least two additional routines with their child (either alone or with other family members or friends joining them) that they looked forward to and would miss if they could not do them. Examples of these additional routines include having breakfast and/or lunch together on the weekends, going to the library to pick out books, attending church and then having Sunday dinner with grandma and grandpa, and playing in the water during baths.

Social elaboration. For most families in this sample of 80, routines seemed to provide not only an efficient means to accomplish necessary tasks like putting a child to bed at night, but also a regular context for social and emotional engagement, or what some mothers referred to as "times when we can be together as a family." Over three fourths of the

mothers were rated as engaging in moderate to high levels of *social elaboration* in at least two of their family routines. More than half of these mothers received this rating for three or more of their routines. "Social elaboration within routines" is defined as engaging in conversation or some other form of social exchange such as singing songs or cuddling (which often includes language and/or sharing positive emotions) during a routine. To illustrate, an example of no social elaboration for bedtime would be, "When we say it's time for bed, she grabs her bottle of water and goes upstairs." This is in contrast to "She gives me a hug, I turn off the light, and she goes to sleep," which was rated as involving a low level of elaboration.

¹The system includes three different types of ratings — a Likert scale, frequency of occurrence, and simple presence or absence of occurrence — that evaluate different aspects of family routines. First, a 7-point Likert scale is used to rate the "presence of routines," the degree of the "child's active role" in these routines, the degree of "parental support for the child's active role," the degree of "social elaboration" within these routines, and the degree to which mother views family routines as shared times she "looks forward to or would miss." For example, when coding for presence of routines, 1 = no predictable pattern for any targeted routines, i.e., getting dressed, playtime, dinnertime, and bedtime; 4 = predictable pattern for two targeted routines; and 7 = predictable pattern for at least three targeted routines plus two or three other routines. Some examples of other routines are, "We visit grandma every Saturday" and "We have movie night. We put all the pillows on the floor, make popcorn."

Additional aspects of routines, such as "child spends time with father figure or child spends time reading with another," are rated for frequency of occurrence, i.e., daily, weekly, once/twice month, and rarely or never mentioned. Still others — such as "participation in religious activities," e.g., says prayers before bed, attends church, and "expressions of affectionate behavior," e.g., cuddling before bed, saying "I love you" — are rated simply for presence or absence. Copies of the full interview, scoring procedures and scoring sheets are available from the author.



PHOTO: MARILYN NOLT

The following bedtime routine for one mother and her son provides a good example of high social elaboration:

At 9:00 p.m., I go lay down with him until he falls asleep. We say prayers, sing songs, read a book until he falls asleep every night. He has a Pooh, and I have one, and we each fall asleep with one. What we do is we say a prayer, "Now I lay me down," and then we do a real prayer. Then we sing Twinkle Twinkle and You Are My Sunshine, give each other a kiss, and say "goodnight" and "I love you."

An active role for the child. Most mothers provided regular opportunities for their children to take an active role in their family routines. Almost all reported that their child had a consistent role in at least two routines involving either a single task (for example, "he puts on his own pants," or "she helps with the beverage [for dinner] a lot") or multiple tasks (for example, "she can dress and undress herself completely" or "he helps me cook, tenderize the meat, and wash the dishes"). Over half reported such a role for three or more routines.

Child-centered activities: Most mothers spent some time each day engaging in a child-centered activity with their toddler. The activities varied from watching a favorite children's TV show or video, to reading, which more than half of the mothers reported they did on a daily basis, to more active forms of play like riding bicycles or chase games. One mother explained:

We read *Brown Bear, Brown Bear, What Do I See?* It's a story-telling apron. When I wear the apron, I am the teacher. Then she wears the apron and becomes the teacher. She likes to pull out all the animals in the pockets of the apron.

Another mother described the time she spends with her son this way:

We got books from the library yesterday. At least two times a day we read or play. Once before bedtime, and the other during the day. We read, play under the covers, make silly faces at each other. I wish I had more of these silly moments together. After school I always try to have some one-on-one with him. I ask him what he wants to do and give him choices. Pretty much anything goes.

Very few of the mothers were unable to find time to play or engage in some child-centered activity with their toddler on a daily basis. One such mother complained:

I don't have much time with him anymore. I don't have anytime to play with him. I miss the times that we did have together. I spend most of my time with the baby. He plays mostly by himself. On weekends, his sister comes by to play with him.

Even mothers who were unable to play or engage in some other child-centered activity with their child each day, however, reported doing so at least once a week.

What We Are Learning

The results reported here, which were based on interviews with 80 low-income mothers from four different cultural groups, provide a more positive picture of the day-to-day lives of low-income families with young children than we had anticipated based on our reading of earlier research (Halpern, 1993, 2000; Hoff-Ginsberg & Tardif, 1995). We were surprised to find that the lives of so many families were as structured and as child centered in their routines as these mothers reported. All of the families had a predictable pattern for at least three of the four routines we asked about — that is, getting dressed, playtime, dinner and bedtime. More than half had a number of additional routines as well. For many families, routines provided opportunities for social and emotional engagement and for child autonomy. Most mothers spent time engaged with their child in some type of child-centered activity on a daily basis. Over half reported that they read with their child every day.

Our interviews with low-income mothers from four different cultural groups provide a more positive picture of young children's daily life than we had anticipated.

Given the reported benefits to children associated with the practice of family routines, these results are encouraging. Some may see a basis in these findings for development of strength-based programs for preventive interventions.

How might we explain these findings?

After reviewing the reports of Escalona (1987) and Norton (1990, 1993), we propose that the notable difference between their findings and our own may lie in the subjects. In Escalona's economically disadvantaged sample, most mothers for whom she reported the least amount of day-to-day structure were African American or Latina adolescents who had not graduated from high school. All had given birth to a premature infant. Norton's subjects were young African American mothers who did not live with older family members, whose education did not go beyond high school at the birth of the target baby, and who lived in census tracts that were below the Chicago metropolitan area median in per capita income and housing value and above the median in rates of housing density, transience, vacant housing, crime, and neonatal mortality. When compared to these young women, the mothers in our sample appear, overall, to be less disadvantaged. Recall that the majority of them are 20 years old or older, and almost 75% have graduated from high school. Almost half work full time outside of the home, and over half live with a partner. All of these maternal demographic characteristics are important factors that help to protect families from poverty (Aber, Jones, & Cohen, 1999). Moreover, we suggest that the personal characteristics and

life circumstances that have contributed to the mothers' success in completing high school, holding regular jobs, and maintaining relationships with partners are the same strengths that have contributed to their ability to create and maintain meaningful routines for their families.

It is also important to keep in mind that this group of women represents approximately one third of the total sample participating in our study. We may begin to find greater variation within this sample as we continue to code the remaining interviews.

Future Directions

As we noted earlier, family routines can provide an ongoing context for strengthening the parent-child relationship by providing regular opportunities for parent and child to come together around a common goal and develop patterns of interaction that are adaptive and likely to enhance development. Our work is in large part motivated by an interest in the relation between variation in the practice of family routines and individual differences in child outcomes, particularly the development of communication and language and reading. All are important for school success.

Our work on family routines is moving ahead in a number of new directions. The cultural diversity within this sample provides us with the opportunity to explore how culture might influence family routines (Kubicek & Barrueco, 2001; Kubicek, Emde, & Barrueco, 2002); this exploration is currently ongoing. Culture influences child-rearing beliefs and practices, conceptualizations about children's growth and development, the definition and role of family members, and the meaning of both parental and children's behavior (Garcia Coll & Magnussen, 2000), all of which are likely to be reflected in a family's practice of daily routines. In addition, one new project is already underway. It involves working with a northern Plains Indian tribe that is developing Early Head Start centers in a region that contains extensive poverty. This collaboration has resulted in the inclusion of the Caretaking Routines Interview in a formative evaluation of reservation-based programs. There are also plans to include the Interview in the evaluation of the Denver Best Babies Initiative, a relationship-based home intervention project with high-risk mothers beginning in pregnancy. This project seeks to enhance early child development outcomes by reducing the rates of low birth weight, premature births, and infant deaths, and by supporting healthy growth and development of young children and their families. These opportunities to learn about current day-to-day practices of families who are raising young children in difficult circumstances are likely to help us identify family strengths and devise more effective ways to support the healthy development of families and children. ♦

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ROUTINES OF DAILY LIVING AND RITUALS IN FAMILY LIFE:

A Glimpse at Stability and Change During the Early Child-Raising Years

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PHOTO: BARBARA YOUNG

There is little question that raising young children presents challenges to maintaining stability in family life. Indeed, more often than not family life is considered a juggling act attempting to meet the needs of spouses, children of different ages and personalities, and, occasionally, expectations expressed by grandparents. Over the past 10 years, we have been examining how family routines and rituals may provide stability and predictability that is associated with relationship satisfaction and child well-being. Three aspects of family routines and rituals are pertinent to families with young children:

1. distinguishing between routines of daily living and rituals of family life;
2. rituals as a means to preserve relationships during times of transition; and
3. the trajectories of change and stability of rituals during the early child-raising years.

Defining Routines and Rituals

We make the distinction between routines of daily living and rituals in family life (Fiese et al., in press). Families have their own definition of what constitutes routines and rituals. For some families "pizza night" is an eagerly anticipated event whereas for others a trip to the park every Sunday is considered a "must do" weekly activity. Rather than focus on the activity itself, it is helpful to consider routines and rituals along three dimensions: communication, commitment, and continuity. Routines typically involve instrumental communication conveying information that "this is what needs to be done." Routines involve a momentary time commitment, and once the act is completed there is little, if any, afterthought. Routines are repeated over time signified by continuity in behavior giving rise to the notion of habits. Rituals, on the other hand, involve symbolic communication and convey "this is who we are as a group" or "this is what it means to be a part of this relationship." There is an affective

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commitment that leaves the individual feeling that the activity has a felt rightness and provides a sense of belonging. Furthermore, there is often an emotional residue where once the act is completed the individual may replay it in memory to recapture some of the affective experience. Rituals also provide continuity in meaning across generations with the anticipation for repeat performance and an investment that this is how our family will continue to be.

To illustrate, consider bedtime routines and rituals. For some children, the bedtime routine may start with brushing their teeth before going to the bedroom. This may be initiated by an instrumental communication ("time to brush your teeth"), the routine itself may be over fairly quickly with little thought or discussion, and it is repeated every night in much the same way. The bedtime ritual, however, may begin with a story request (tell me the story about when you were a little girl) often including an affective connection. The child may encourage her parent to embellish certain parts that if omitted would bring forth cries of "you left out the most important part!" As the child falls asleep, she may replay parts of the story as a means to comfort herself before slumber.

Routines of daily living and rituals in family life may affect different aspects of relational and child well-being. For example, regular and predictable routines ease stress in single parent families (Brody & Flor, 1997). The predictability of daily routines may provide behavioral guides reducing stress often experienced in more hectic environments. Meaningful rituals, on the other hand, can provide a sense of belonging and foster a sense of identity (Fiese, 1992). The affective involvement and symbolic communication associated with rituals may reinforce the significance of relationships and feelings of felt security.

Easing Transitions Through Routines And Rituals

The transition to becoming a family typically extends into the preschool years of the oldest child. It has been fairly well documented that the early stages of parenthood can challenge marriages and that there is a decrease in marital satisfaction with the birth of a child. One way in which families can preserve their relationships and make the transition from being young parents to being a young family is through the creation of regular and meaningful rituals. We have found that couples who report a stronger commitment and emotional investment in family rituals are more satisfied in their marital relationship when their oldest child is preschool age (Fiese, Hooker, Kotary, & Schwagler, 1993).

Routines and rituals may provide a mechanism by which families come to create a family identity (Reiss, 1989), thus

The predictability of daily routines may reduce stress in times of transition and uncertainty. Meaningful rituals can provide a sense of belonging and foster a sense of identity.

reducing the strains associated with young parenthood. Sociologists remind us that rituals are often practiced to renew relationships that have been weakened by neglect, discord, or separation (Cheal, 1988; Goffman, 1971). During the intense caregiving period of infancy, couples may relinquish some of the rituals they had created during the early years of their marriage such as intimate dinners, special birthday celebrations, or visits to a favorite vacation site. Couples who are able to redefine their collective activities to include children may at the same time reaffirm their marital relationship. Thus, "making room for baby" may also include creating new rituals.

Stability and Change in Rituals

We have recently completed a longitudinal study examining the relative stability and change in routines and rituals from the preschool to early school years (Fiese, 2000). Seventy families were interviewed about their routines and rituals and completed the Family Ritual Questionnaire (FRQ; Fiese & Kline, 1993) initially when one of their children was 4 years old and again when the child was, on average, 9 years old. Overall, we found that dinnertime routines remained relatively stable over this period but that there was an increase in weekend and annual celebration routines as the children in the family grew older. We were interested in whether there was stability or change in the parents' report of family rituals and their emotional investment in these collective activities over this 5-year period. As a whole, the meaning ascribed to family rituals was relatively stable over this period. However, there was considerable variability in the report of rituals across time such that we investigated the possibility of different subgroups of stability and change.

We were able to identify three family ritual change subgroups whose children had differential outcomes at age 9. The *stable high* families were ones who maintained a high degree of commitment to their rituals and valued the emotional connection they experienced during their family gatherings.

at a glance

- Three dimensions characterize routines and rituals – communication, commitment, and continuity.
- Regular and predictable routines ease stress.
- Rituals provide a sense of belonging and continuity in meaning across generations.
- The most meaningful and enduring rituals are the ones that families define for themselves.

erings. The children in these families scored highest on standard measures of academic achievement. The *stable low* families were ones who had relatively little commitment to family rituals across the 5-year period and had children who scored the lowest on tests of academic achievement. A third group was identified as the *decreasing meaning* group. In this group, the families shared a commitment to their rituals when their children were of preschool age but by the early elementary years reported that there was little meaning in their family rituals. The children of this group performed intermediate to the stable high and stable low group and were observed by their teachers as being less socially competent than those children whose parents maintained a commitment to family rituals over the 5-year period.

How do we make sense of these patterns of change and effects on child development? First, we are heartened to find that, in this low-risk sample, routines and rituals are relatively stable and that predictability in family life does lead to better academic performance and social competence. This may not be surprising news, but it does present another side of the commonly painted picture of family instability and poor child outcome. Second, we find that when meaningful family rituals are disrupted in some way or lose their affective connections, children may become more vulnerable to developing academic and behavioral problems. We suspect that children may be keenly aware of changes in family routines.

While young children may not be able to articulate the amount of stress in the household, they are cognizant of disruptions in their daily routines and note when eagerly anticipated activities are canceled. We cannot say, however, that it is the rituals themselves that cause good or poor outcome. They may be markers of more global aspects of family life such as warmth, cohesion, and emotional support. However, we believe that rituals may be the mechanism by which children become attuned to what it means to be a member of their family.

Assessment of Family Routines and Rituals

We have employed three different strategies in assessing family routines and rituals. We have developed a questionnaire using a forced-choice format that assesses family routines and rituals across seven different settings and eight dimensions (Fiese & Kline, 1993). Table 1 outlines the settings and dimensions of the FRQ. Several studies have identified two dimensions to the FRQ: routines and ritual meaning (Bush & Pargament, 1997; Fiese et al., 1993; Fiese & Kline, 1993; Markson & Fiese, 2000). The family routines dimension includes the assignment of roles and the predictability of routines. The family ritual meaning dimension includes the degree to which the rituals occur, there are expectations for attendance, and there is a symbolic and

TABLE 1
SETTINGS AND DIMENSIONS OF THE FAMILY RITUAL QUESTIONNAIRE (FRQ): DEFINITIONS

Settings

Dinnertime	Shared family mealtime
Weekends	Leisure and/or planned activities that occur on non-workdays
Vacations	Events or activities surrounding a family vacation
Annual Celebrations	Yearly celebrations, such as birthdays, anniversaries, first day of school
Special Celebrations	Celebrations that occur across religions and cultures, such as weddings, graduations, family reunions
Religious Holidays	Religious celebrations or observances, such as Christmas, Passover, Easter, Ramadan
Cultural and Ethnic Traditions	Celebrations tied to culture and ethnic groups, such as naming ceremonies, wakes, funerals, baking ethnic foods

Dimensions

Occurrence	How often and regularly an activity occurs
Roles	Assignment of roles, duties during activity
Routines	Predictability and flexibility of routine
Attendance	Expectations of whether attendance is mandatory
Affect	Emotional investment in activity
Symbolic Significance	Attachment of meaning to activity
Continuation	Perseverance of activity across generations
Deliberateness	Advance preparation and planning associated with activity

affective commitment to the ritual. The routine dimension has been found to be related to global measures of family coping (Bush & Pargament, 1997) whereas the family ritual meaning dimension has been found to be related to relational and child well-being (Fiese, 1992; Fiese et al., 1993; Markson & Fiese, 2000).

We have also used family-based interviews to assess family routines and rituals. Interview questions focus on the regularity of family routines and how important rituals are in family life. Interview responses have been found to be consistent with questionnaire answers (Fiese et al., 1993) and relational well-being (Fiese & Tomcho, 2001).

A third approach to assessing family routines is through direct observation of family mealtimes. We have found that positive behavior displayed at the dinner table is related to child behavior and personal accounts of family dynamics (Fiese & Marjinsky, 1999).

Future Directions

To date, our empirical efforts have focused on describing the significance of rituals in family life and documenting their protective and promotive characteristics. We have been successful in assessing family routines and rituals through the use of questionnaires and interviews. Direct observation of family routines, such as dinnertime, also supports the role that rituals can play in child adjustment (Fiese & Marjinsky, 1999). A logical extension of this work is to consider how routines and rituals may be incorporated into family-based interventions (Fiese & Wamboldt, 2001). Given the importance of unique definitions of what constitutes routines and rituals in family life, we doubt that a one-size-fits-all intervention would be successful. In some cases families will be well equipped to create their own routines and rituals, and early interventionists need only to reinforce the importance of them to early child development. In other instances parents may have been raised in households where routines were not a feature of family life. These parents may need information and support in order to create predictability in their homes. A third type of intervention may be called for when routines and rituals have been disrupted — for example, due to a child's illness — and the family must redefine the roles and meaning of some family activities.

The story behind family routines and rituals is an optimistic one. Even during times of uncertainty, families may be able to use routines and rituals to create a sense of predictability and recapture what it means to be a family. A cautionary note needs to be extended, however. The empirical literature suggests that the most meaningful and enduring rituals are the ones that families define for themselves. When a family gathering becomes an obligation rather than an anticipated event, there is the potential for conflict and disappointment. Practitioners who work with young children and families may be well advised to assist families in distinguishing between rituals that involve a positive affective commitment and those that instill feelings of resentment. Aiding

families in their quest for meaning may then become a cause for celebration. ♦

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HOW MOTHERS IN FOUR AMERICAN CULTURAL GROUPS SHAPE INFANT LEARNING DURING MEALTIMES

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- Parents shape children's learning in many ways (Bruner, 1981; Gauvain, 2000; Rogoff, 1990):
- explaining and demonstrating to children (the parents' understandings of) how the world works;
 - directing children to attend to certain culturally valued aspects of reality and to ignore others;
 - demonstrating culturally valued "goals for action" or definitions of what a person should want to try to do, say, with an object (i.e., teaching children that bells are for ringing, hammers for hammering, spoons for scooping, instead of for some other goals);
 - shaping children's actions to help them achieve and learn these desired actions;
 - redirecting children away from performing socially/culturally undesired actions; and
 - structuring children's day-to-day lives to expose them to particular people and activities.

To encourage children to take on the same "goals for action" as adults in that culture, parents engage young children in "shared routines" in which they microstructure the child's actions to achieve a particular goal and then praise the children for "intending" to accomplish this action. Bruner gives the example of a mother teaching her infant to ring a bell. The mother first labels the bell, puts the handle in the baby's hand, and wraps his fingers around it. She then holds his hand, shakes the bell, and announces "Oh, you're

ringing the bell." After several repetitions of this managed routine, the baby spontaneously grasps and rings bells, rather than, say, sucking on them. He learns to ask for a bell by reaching, grasping the handle, and shaking it himself. Parents speed up the trial and error process needed to discover features of objects, such as the ability of bells to ring, by microstructuring the child's contact with the objects.

Bruner (1981), Bates (1976), and others provide many examples of mothers and infants engaging in games (give-and-take, peek-a-boo, hi-and-bye on phone, etc.) that result in the infants taking on the same goals for action as suggested by their mothers. Bruner commented that parents microstructure their children's goal-directed actions constantly, each day, and that children's intentions or goals for action come to closely resemble those of their parents.

at a glance

- Cultural beliefs influence parents' day to day efforts to help their children become competent, mature adults.
- Parents mediate their infants' learning by setting up learning environments and through moment-to-moment actions and interactions.
- We found that mothers in different cultural groups convey different messages to their infants and toddlers during mealtime routines.
- A typical weekday meal may be a microcosm of a family's culturally distinctive approach to shaping children's learning.



PHOTO: MARILYN NOLTE

How Do Parents' Cultural Beliefs Influence How They Shape Learning?

Cultural beliefs influence the microstructuring process. In particular, parents' conceptions of what a good, successful, mature adult is influence their day-to-day efforts to shape their children toward that image. The image of a competent, mature adult differs in some ways from culture to culture. For some time, I have been studying parents from 278 families in Hawaii who belong to four different cultural groups: Filipino-American, Japanese-American, Caucasian-American, and Native Hawaiian. I asked these parents to list the features they most wanted their children to acquire and to imagine that their children were now successful, young adults and to describe the characteristics of these successful adult-children.

Parents in these four groups report wanting their children to grow up to be somewhat different "successful adults" (Martini, 2002a):

- Filipino-American parents ($n=50$) differed significantly from parents in the other three groups in the extent to which they wanted their children to grow up to be obedient, good citizens who respect authority and conduct themselves well, displaying good manners.
- Japanese-American parents ($n=120$) most wanted their children to achieve, to live a well-ordered life in contact with family, and to master the demands in their lives.
- Caucasian-American parents ($n=60$) most wanted their children to become self-reliant, happy, spontaneous, and creative.
- Native Hawaiian parents ($n=48$) said they most wanted their grown children to be socially connected, happy in their networks, and self-reliant.

How Do Parents Shape Learning at Meals?

Reflecting on the similarities and differences in the aspirations parents from different cultural groups had for their children, I wondered whether – and how – these differences might be reflected in the ways parents shape their children's experience at mealtimes. Parents influence mealtime learning by how they organize mealtimes to: include particular participants; occur in specific settings; take certain amounts of time; and include specific activities, such as eating, feeding, playing, talking, or exploring. Parents highlight valued goals for action, and focus the infant's attention on valued aspects of the setting (for example, on the food, the other people, the activities, etc.). Parents set up and reinforce valued moment-to-moment routines (where to sit, what to eat, how to eat, how to interact with others at the table, etc.). Parents then microstructure infants' moment-to-moment actions. In doing so, they show their babies how to learn, interact, and think. I was curious to observe variations in how parents from the four cultural groups I have been studying set up and shape mealtime interactions with infants, and to learn how differences in parental behavior might be related to how children come to approach learning in these settings.

A Study of 90 Families' Weekday Evening Meals¹

Using letters to preschools and an elementary school, and through professional and personal contacts, I recruited 90 families from four American cultural groups who had children from 3 to 23 months old. They identified themselves as identifying most strongly to one of four groups:

¹ A full description of the study methodology and an analysis of findings are available from the author (mmartini@lava.net). Methodology details for the following studies are in Martini 2002b and 2002c).

Japanese-American (26 families); Caucasian-American (23 families); Hawaiian-American (21 families); and Filipino-American (20 families). Parents completed a questionnaire on demographic features of the family and child-rearing beliefs and practices. We lent families video cameras and asked them to videotape "a typical weekday evening meal" with their infants. The four groups of families were similar in terms of the mean age of the infants (range 11.8-15.1 months) and the ratio of boys to girls. The groups were also statistically similar in terms of whether both parents were present at the evening meal (in 57% to 81% of the families), the average number of siblings present (.5 to 1.29), and the average number of other relatives present. We learned that 30% of Caucasian-American families had the TV on during meals, compared to 48% of Filipino-American families. Because we were interested in how infants approached learning in these studies, we selected for further analysis tapes of families with infants who were 7 to 23 months old. We focused on this older age group because we wanted to study infants who were old enough so that their signals and acting upon their intentions would be clearly visible on tape. We found 64 tapes in which we could analyze the infant's stream of behavior.

We focused our analysis of mothers' and infants' behavior on "communicative acts" (Sinclair & Coulthard, 1975). A communicative act is any action by one person directed at another person that can be seen as having a communicative function, such as "asking for information," "asking for help," "commanding," "offering help," "scolding" the other, or encouraging the other to do something. After viewing the tapes repeatedly, we developed systems to code the following:

- features of the mealtime setting (number of people present; which family members are present; whether the family sits at the table, on the floor, in front of the television; whether the baby is in a highchair, on a lap, wandering);
- maternal actions during these feeding and learning interactions (mother responds to infant; mother directs the infant; mother communicates with the infant about her own or the infant's goals or strategies); and
- child actions in the mealtimes (how much the infant explores and experiments, is expressive, engages in play routines with the parents, cooperates, resists, engages in "disruptive" behaviors such as throwing food or screeching).

The middle 10 minutes of each transcript were coded, minute-by-minute, with the coder focusing: 1) first, on the setting features; 2) on maternal behavior, for the second run-through; and 3) on child behavior for the third run-through.

An analysis of variance was conducted, comparing setting features, then maternal actions, and then child actions across families in the four cultural groups.

Findings About Mealtimes and Mothers' Styles

Our findings provide answers to six questions.

1. To what degree does the family mealtime revolve around the infant? Infants learn, in part, by interacting with attentive people. To what degree do mealtimes in the four cultural groups enable such attentive interactions?

- Japanese-American mealtimes were the most infant centered. Many infants in this study were fed before the rest of the family ate, sitting in a highchair or infant seat on the table. Mothers sat face-to-face with the infant and attended solely or primarily to the infant. After feeding the infant and putting him or her down to sleep or play, the Japanese-American mother would eat with and attend fully to older children and the father. Japanese-American fathers were significantly more likely than fathers in the other groups to help mothers feed the baby and care for older children. When Japanese-American babies signaled that they wanted to stop eating or get down,

their parents were significantly more likely than parents from other cultural groups in the study to respond positively and quickly to those cues and to let them down.

- Filipino-American mealtimes were the next most infant centered. These babies, though, tended to be held on the mother's lap at the table, while the whole family ate. Families ate, relatively quietly, as large groups. Older children ate quickly and quietly. Adults tended to talk to each other after the children had eaten and had left the table. The Filipino-American mother attended frequently to the baby on her lap, and spoon-fed infants and toddlers until they were 2 or 3 years of age. The mothers talked to other family members, but dinner appeared to be more for eating than for talking.
- Hawaiian-American mealtimes were less infant centered than were meals in the other two groups. These meals were occasions in which adults conversed extensively with each other (for example, mothers of infants talking with their own sisters or mothers). Children ate, quietly, on the periphery or in their own peer groups. "Lap" babies (up to about 9 months) were held and fed on laps, but as soon as they could crawl or tod-

We lent video cameras to families from four American cultural groups and asked them to videotape "a typical weekday evening meal."

dle around safely, they were put down to roam. In many families, one adult held a bowl of food for the roaming toddler and fed him or her whenever the toddler approached. Older siblings helped direct and feed toddlers.

- Caucasian-American mealtimes appeared to be "for talking." These were the least infant centered, as mothers attended mainly to the fathers and to the verbal, older children. Caucasian-American infants tended to sit in highchairs, to the side of or behind their mothers at the table. Infants "fended for themselves" with finger foods, utensils, and bowls of soft food. Many infants used noisy tactics, such as banging the spoon or squealing, to attract the attention of family members who were talking animatedly throughout the mealtime.

2. How much exploration and experimentation can infants do at mealtime? Infants learn, in part, through exploring spaces and experimenting with objects. Mealtimes of these four groups differed in the degree to which infants could experiment with food, toys, or objects or explore the environment during the meal.

- Hawaiian-American mealtimes provided babies and toddlers with the most opportunities for exploration. Whenever they wanted the next bite of food, babies and toddlers were free to approach any adults or other children for food, or to go to the specific family member who held the child's bowl. These crawling or toddling children were also free to roam during the meal, exploring toys, people, and spaces.
- Japanese-American mealtime settings enabled the second most exploration and experimentation. Japanese-American infants were confined in highchairs, but many were provided with numerous toys and were allowed to play with their food and utensils.
- Caucasian-American babies were confined in highchairs, and allowed to feed themselves and explore with spoon and fingers, but were generally not provided with toys. Mothers said they worried that toys would distract the infant from eating.
- During mealtimes in Filipino-American families, infants and toddlers were, for the most part, constrained on laps and not allowed to feed themselves, play with food, get down to explore, or play with objects. Some mothers continued to spoon-feed their 3-year-olds, pushing the toddlers' hands away whenever they tried to feed themselves.

3. How attentive were the mothers to the infants during mealtimes? Socially mediated learning occurs in attentive, responsive, one-to-one interactions. To what extent did such interactions occur in mealtimes in the four groups? To judge attentiveness as we coded the tapes, we calculated the percent of the mothers' communicative acts that

had been directed at the infant rather than at other present family members.

- Japanese-American mothers were found to be most attentive. They directed 73% of all their communicative acts toward their babies.
- Filipino-American mothers directed 62% of their communicative acts toward their infants.
- Caucasian-American and Native Hawaiian mothers were the least attentive. These mothers spent more time than the other mothers talking with spouses, older children, or other adults at the meal.

4. How responsive were the mothers in different groups?

Mothers' communicative acts were coded as "responsive" when the mother responded to infant cues and helped the infant, showed affection, praised the baby, played with the baby, watched the baby carefully, asked questions of the baby, or cared for the baby. Comparing the percent of all communicative acts that were responsive, we found:

- Japanese-American mothers were the most responsive (45% of all communicative acts were coded responsive) and significantly more responsive than mothers in the other three groups. These mothers were both attentive and responsive. They watched their infants constantly and responded to their cues immediately. Whenever babies signaled their goals, mothers tried to help them if they approved. They subtly redirected infants' actions whenever they headed toward unapproved goals, and then praised infants for complying.
- Filipino-American mothers were next most responsive.
- Caucasian-American and Native Hawaiian mothers were the least responsive. Caucasian-American mothers were less attentive to their infants at mealtimes than the Japanese-American and Filipino-American mothers, as they talked frequently with their husbands and older children. They did respond quickly whenever the infant initiated a "goal-directed" action (such as reaching toward what he wanted). Mothers tried to help infants when they signaled needing help, but sometimes infants needed to call quite loudly to receive parental attention.

5. How directive were the mothers in different groups?

Mothers' communicative acts were coded as "directive" whenever they tried to persuade the infant to do a particular "mother-desired" action or tried to stop the infant from doing an "undesired" or disruptive action (such as banging her bottle on the tray table, throwing the bottle, dropping Cheerios on the floor, spilling milk, screeching loudly or smearing food on the tray). A mother directed her child when she called for the infant to look at her; requested, suggested, or shaped the infant to do something; or directed, commanded, scolded, corrected, threatened, stopped, punished, or refused to help an infant who was trying to do something.

- Filipino-American mothers, who were as attentive as Japanese-American mothers, were significantly more directive than mothers in the other three groups. They constrained infants in their laps or in highchairs and watched them carefully. They shaped infants to do particular actions and noticed – and quickly stopped, scolded, and redirected – infants who attempted undesired actions.
- Japanese-American and Hawaiian-American mothers were in the mid-range of directiveness. Japanese-American mothers subtly redirected their infants when they headed for undesired behavior. For example, a 14-month-old feeding himself with a spoon began to dollop oatmeal out onto the highchair tray. The mother quietly placed a bowl between his spoon and tray and turned this into a game of spooning the oatmeal into the bowl. She praised him for being so grown up. Hawaiian-American mother allowed children to learn by trial and error as they toddled around on their own during meals. Mothers stopped children only if their actions disrupted the group or endangered the children's own safety.
- Caucasian-American mothers were the least directive.

6. How expressive were the mothers in different groups? A third aspect of maternal style was their expressiveness. Mothers' communicative acts were coded as "expressive" whenever the mother expressed her wishes or plans, interpreted or talked about the infant's or her own actions, or announced what she would do next.

- Caucasian-American mothers were significantly more expressive than mothers in other groups. They explained and demonstrated objects, events, and their own actions and motives. They interpreted the infant motives—what infants were trying to do, moment to moment (as in, "Oh, you're trying to get those Cheerios") — far more than did other mothers.

How Did Infants Approach Learning in These Settings?

I next asked whether infants in the four cultural groups approached learning differently at mealtimes and if so, whether their approaches resembled their parents' teaching styles. Using videotapes of 64 families, we first coded the setting for how much autonomy the infant was allowed. We then coded infants' actions in terms of:

- how much exploration and experimentation the infant did;
- how expressive she or he was;
- how much he or she engaged in play routines with the parents;
- how cooperative she or he was (such as accepting being fed),
- how resistant he or she was (e.g., rejecting being fed), and
- how much the infant engaged in disruptive behavior (bangs bottle, throws food, screeches).

We asked five questions about infants' approaches to learning at mealtimes.

1. How much did infants in each group explore their environments? Infants explored their environments by: exploring space; experimenting with toys or objects; experimenting with foods while feeding themselves; and exploring social contact.

- Hawaiian-American infants were allowed to roam. They wandered around, fed themselves, and asked for bites of food from others. They engaged in a great deal of trial-and-error exploratory play in space and with objects.
- Japanese-American infants did the most experimentation with toys, objects, and food. Although they were restrained to highchairs, these infants were given toys and objects to play with and were allowed to try to feed themselves.
- Caucasian-American infants were constrained to highchairs and were not provided toys. However, they were allowed to feed themselves, were given many finger-foods to explore, and were enabled to explore social contact if they called for it loudly enough.
- Most Filipino-American infants were constrained to laps and were not allowed to play with objects or food during mealtimes.

2. How much did infants in each group initiate and explore social contact? Cognitive exploration of objects occurs in a social world, structured by social others. During mealtimes parents helped and shaped infants when they played with objects, toys, or food. Infants often initiated these social-object play episodes by calling the mother's attention, demanding, using language to make requests, and gesturing requests.

- Caucasian-American infants were the most expressive. They often watched mothers, called attention to themselves, made eye contact, pointed, and gestured that they needed help by looking at a desired object, extended their hand, looking at the mother, and whining.
- Japanese-American infants were the next most expressive.
- Filipino-American infants were less expressive. They made few requests and complied with being fed without looking directly at the mother.
- Hawaiian-American infants made the fewest requests of others, as they roamed and explored in their own ways.

3. How much did infants in each group engage in play routines with parents?

- Japanese-American infants, constrained in highchairs but face-to-face with a responsive parent, engaged in the most joint play episodes with their parents.

- Caucasian-American infants engaged in joint play the second most frequently. Often, mothers attended to other children and their spouses, and were less responsive than Japanese-American mothers to their infants. However, when Caucasian-American infants loudly initiated play, mothers tended to join in.
- Hawaiian-American infants engaged in play routines on their own initiative as they wandered freely.
- Constrained Filipino-American infants, who were encouraged to eat quietly, engaged in joint play the least frequently of the children studied.

4. How cooperative were infants in each group?

Filipino-American, Caucasian-American, and Japanese-American infants had more occasions in which they could demonstrate cooperation than the freely wandering Hawaiian-American infants. In contrast, Filipino-American infants complied most to being fed and shaped in play routines that were mainly initiated by adults.

5. How much did infants in each group resist being fed or shaped?

- Filipino-American infants, constrained on laps by parents who insisted that they eat certain amounts of food, were spoon-fed more than the other infants. They rejected or resisted a fair number of these attempts, but their mothers were persistent in their spoon-feeding.
- Caucasian-American infants were spoon-fed less, as they were encouraged to feed themselves finger foods. However, they rejected many of the feeding attempts that did occur, and mothers backed off. They also rejected other attempts by adults to shape them. Caucasian-American infants resisted adult shaping more than did infants in the other groups.

How Did Mothers' Teaching Styles Affect Children's Learning Styles?

Integrating our observations of mothers and infants, we saw patterns that differed among the four cultural groups. Infants' approaches to learning related to parents' decisions about mealtime settings and their mothers' teaching styles.

- Filipino-American mothers were highly attentive and directive with their infants. They wanted them to eat a certain amount and to eat properly. They described mealtimes as times for eating not playing or interacting. Food was considered sacred and not to be wasted or played with, so children were spoon-fed until they could feed themselves efficiently and with little waste. Filipino-American infants tended to comply with this structuring and to learn by being shaped.

The Filipino-American, Caucasian-American, Native Hawaiian, and Japanese-American parents I studied had different images of a good, successful, mature adult, and their different approaches to mealtime teaching seem to reflect their different cultural goals.

- Caucasian-American mothers were highly expressive. They focused on and described their own intentions and those of their infants. They spent much of their mealtimes chatting with husbands and verbal, older children, but they responded quickly whenever infants signaled a wish or plan to do something. Caucasian-American infants explored the food and objects they were provided and experimented with social contact by calling for and engaging in play episodes and by expressing what they wanted.

- Native Hawaiian mothers let their crawling and toddling infants wander, explore, and approach adults when they wanted food. Hawaiian-American infants learned through autonomous trial-and-error as they played with objects on their own. Mothers shaped infant behavior only when it began to disrupt the group harmony.

- Japanese-American mothers watched and responded to infant needs immediately. Japanese-American infants had more opportunities than children in other groups to experiment with toys and objects their mothers provided. Once infants initiated play, their mothers subtly shaped their actions so that they used these objects in conventional and acceptable ways. In other words, Japanese-American infants experimented more but also accepted shaping more. Parents based their teaching on activities initiated by the children, rather than introducing activities themselves.

How Do Parents' Teaching Styles Relate to Stated Cultural Goals?

The Filipino-American, Caucasian-American, Native Hawaiian, and Japanese-American parents I studied had different images of a good, successful, mature adult, and the differences among parents' approaches to mealtime teaching seem to reflect stated cultural goals.

- Filipino-American parents differed from parents in the other groups in the strength of their wish for children to be obedient and to respect authority. Mothers reflected this goal in their highly structured approach to infant feeding.
- Caucasian-American parents differed from parents in other groups in the strength of their desire for their children to be spontaneous, creative, expressive, and self-reliant. These values are seen in Caucasian-American mothers' tendencies to allow autonomy, expect self-reliant feeding, and view their infants' disruptive mealtime behavior as signs of intelligence or strong will.

- Native Hawaiian parents differed from parents in other groups in the strength of their emphasis on solidarity and consideration of others in the family group. Hawaiian-American mothers allowed their infants to wander during mealtimes as long as they did not disrupt the group.
- Japanese-American parents differed from parents in the other groups in the strength of their emphasis on achievement and mastery. An early indicator of how they shaped children toward high-achieving behavior emerged in this study. Japanese-American adults watched infants carefully and tried to help them achieve their signaled plans. However, if the infant strayed toward undesired actions (such as throwing food or spilling), the adult quietly and subtly redirected this action into a more acceptable action and praised the infant for complying. Most of the Japanese-American learning episodes were based in exploratory actions initiated by the child, but then shaped by the adult.

Conclusions

Mothers in the four different cultural groups in this study conveyed different messages to their infants about how to learn, how to fit into the group, and how to be autonomous. Filipino- and Japanese-American mothers were highly attentive and affectionate toward their infants, but also either overtly (Filipino-American) or subtly (Japanese-American) controlling. Mothers conveyed the message that being a member of a tight family group involves both the warmth and attentiveness of belonging and also the obligations of conforming to adult wishes. The Caucasian-American mothers in this sample allowed more autonomy and were more relationally distant. They encouraged innovation as they focused on infants' completing their goal-directed actions—regardless of whether these disrupted the rest of the group. The Native Hawaiian mothers in this study enabled autonomy but also insisted on conformity when infant actions began to disrupt the group.

Mothers in this study also sent messages about appropriate ways to make contact with other people. Caucasian-American parents emphasized making contact through talking and calling out during meals. One purpose of mealtimes was for talking and expressing plans and goals; infants tried to participate in these conversations by babbling loudly. Japanese-American mothers conveyed the message that an appropriate way to make contact with adults is to try a task and to elicit help in completing it. Hawaiian-American mothers conveyed the message that the appropriate way to make contact with adults is to behave autonomously on the sidelines and to initiate contact when the adult is available to receive you.

Parents' cultural values and beliefs, the ways they organize and teach their infants during mealtimes, and the ways infants approach learning in the context of family mealtimes

seem closely – and complexly – interrelated. Parents mediate their infants' learning by setting up learning environments – in this case, mealtimes – in particular ways, and shape their infants' moment-to-moment actions and interactions within these settings. Infants' approaches to learning are, in turn, affected by how their parents set up and shape mealtime interactions. Our study suggests that "a typical weekday evening meal" may be a microcosm of a family's culturally distinctive approach to shaping children's learning. ♦

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WHAT'S FOR DINNER?:

Family Functioning, Maternal Depression, and Early Childhood Outcomes

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Maternal depression is a family matter. It is associated with a host of adverse outcomes for individual family members — including very young children — as well as problematic functioning for the family as a whole. Maternal depression is associated with family difficulties that include disorganization in planning activities, less adaptability, less cohesion, and less clear allocation of individual responsibilities (Kaslow, Warner, John, & Brown; 1992; Billings & Moos, 1983). Yet when maternal depression occurs in a family that functions well (for example, with low rates of stress and high perceived support), children seem to do better (Billings & Moos, 1983). Our research explores this phenomenon. We want to move beyond the study of how a mother's depression affects an individual child to better understand how the family system functions over time, as a mother's symptoms fluctuate and as young children's continuing development poses changing demands and challenges.

Assessment of family functioning has proven useful for understanding the course of depression as well as the influence of parental depression on adverse outcomes. However, the processes that underlie the associations among maternal depression, family functioning, and child outcomes are poorly understood. The field has lacked both theoretical models that would explain these associations and techniques for assessing family functioning (Cummings, 1995).

Previous results from our laboratory at Brown University support the tenet of family systems theory that the whole

at a glance

- Maternal depression is a family matter. We need to understand how a family system functions over time as a mother's symptoms fluctuate and young children develop.
- We used the McMaster Model of Family Functioning during dinner-time observations to understand how families organize to compensate for a mother's depression — or not.
- We found that the quality of interaction during mealtimes is stable over time and related to child development outcomes, as well as expression and maintenance of maternal depression severity.

family is not equal to the sum of its parts. This theory suggests that, in order for the whole family to function well, a multitude of roles, tasks, and interactions need to be well coordinated and integrated among all family members. Further, during times of transition or crisis, the family maintains a self-regulatory function, which orients members toward routine patterns of relating and coping (Minuchin, 1985). The functioning of the family as a whole may serve as a "gatekeeper" — family patterns may transmit competence or they may pose risks (Downey & Coyne, 1990; Radke-Yarrow, Nottelman, Martinez, Fox, & Blemont, 1992; Dickstein et al., 1998). Our research agenda has focused on investigating the role of the family in the transmission of risk across generations from a developmental psychopathology perspective. As part of this research, we are examining routine aspects of family functioning as a way to learn more about the links between maternal depression and non-optimal early childhood outcomes.

The Providence Family Study

The Providence Family Study (PFS) is a longitudinal investigation of infants and toddlers at risk for psychopathology because their mother has a diagnosed mental illness. Families entered the study when their child was 1 or 2½ years of age, and were followed longitudinally at 2½, 4, and 10 years of age. The overall focus of the project is to examine the early development of at-risk children within both their family and larger social contexts. In total, there were 182 families enrolled into the study; we report on 123 families at 12 months, 160 at 30 months, and 138 at 48 months who completed the relevant family assessments — a total of 174 different families. (We report our 4-year outcomes since we do not yet have sufficient numbers of completed 10-year assessments.)

Recruitment. Families were identified by several sources, including records of psychiatric hospital admissions, newspaper advertisements, and from studies in our laboratory unrelated to the present work (where participants had been approached during the lying-in period after the birth of their child). Mothers were contacted by telephone about participation in the study and were provided with written material about the study. Those mothers who tentatively agreed to participate were then screened over the telephone for a history of one of the target diagnoses (major depression, bipolar disorder, anxiety disorder) as well as for exclusion diagnoses (current eating disorders, current substance use disorders, and psychotic symptoms not associated with affective disorder). Those who passed this screen were then enrolled in the project.

Description of Families. The sample was primarily white (89%), middle class, and well educated (more than half of the parents had some college experience). Thirty-six of the families (20%) did not have the child's father present in the household at the time of study enrollment, although 11 of these 36 had another adult partner living in the family. On

average there were 1.96 children in the household, with a range of 1 to 6 children; 48% of target children were male.

Procedures. The PFS is a large and complex study. Although a brief overview of the entire study will be reported, only relevant aspects will be reported in detail here. To summarize the overall study protocol, families participated in a structured home visit, structured diagnostic interviews (mother and father) conducted at the laboratory, a structured family functioning interview conducted at the laboratory, a mother-child laboratory assessment, and an unstructured home videotaping of a family meal. In addition, mothers and fathers each completed several questionnaires about their own psychological well-being, marital satisfaction, family functioning, and perceptions of their child's behavior and development. Longitudinal follow-ups consisted of a similar set of procedures at 2½, 4, and 10 years of age, as well as telephone contacts to monitor the course of each mother's mental status at 6-month intervals. Specific procedures used in this report are described below.

Maternal Depression. We used the Structured Clinical Interview for DSM-III-R (Spitzer, Williams, Gibbon, & First, 1992) to assess lifetime history of clinical syndromes (Axis I) and personality disorders (Axis II). We also used the Hamilton Rating Scale of Depression (HRSD) to assess severity of depressive symptoms within the week prior to the diagnostic interview (Miller, Bishop, Norman, & Maddever, 1985). All diagnostic interviews were conducted by doctoral-level clinicians who were trained on the SCID protocols by the DSM-IV depression workgroup and internally achieved reliability of diagnosis in excess of .80 (kappa). Lifetime history of specific DSM-III-R defined illness was used in assignment to psychopathology groups. The 182 mothers who participated in the study had a variety of diagnosed lifetime-history mental disorders. (Note that the diagnoses listed below were not mutually exclusive. In fact, comorbidity was frequent in this sample as no attempt was made to identify and recruit individuals who had a particular diagnosis without any comorbid conditions). Among the mothers studied, 137 of the 182 had one or more diagnoses.

We ultimately made a classification using our best judgment from all clinical information regarding the primary diagnostic classification, which resulted in the following groups: 45 with no current diagnosis or history of mental illness; 67 with major depression; 29 with an anxiety disorder; 17 with bipolar disorder; and 24 with miscellaneous diagnoses such as past substance use disorders (current substance use was an exclusion criterion), and affective disorders other than major depression or bipolar disorder. It should be noted that the 67 mothers with major depression had varied onset, course, and frequency of depressive episodes. Further, while most of these mothers received treatment for their depression, the length, nature, and type of treatment varied greatly.

Family Functioning. We videotaped family mealtime interactions at home at each assessment. A research assistant arrived at the family's home, set up the video camera, then

arranged a time with the family to return when they were finished with the meal. The overwhelming majority of families responded that they quickly habituated to the presence of the camera and that the videotaped meal was of the kind that was quite typical for them. As described in detail below, we used the Mealtime Interaction Coding System to evaluate these dinnertime interactions (Dickstein, Hayden, Schiller, Seifer, & San Antonio, 1994).

Child Behavior Problems and Social Competence. We report on child outcomes based on maternal report of child behavior problems from the Child Behavior Checklist (CBCL; Achenbach, 1988) when children were 2½ and 4 years of age. In addition to obtaining maternal report of child outcome, we also conducted objective assessments of child social-emotional competence using the Psychological Impairment Rating Scale (PIRS), which has been found to be a valid, internally consistent tool with high rater agreement (Gouley et al., 2002). This is a 10-item measure, rated on 5-point scales, to yield a summary score of social-emotional competence. Items are global statements of social-emotional competence designed to be applicable across ages (e.g., social engagement, openness in interactions, cooperativeness, and clarity of emotional expressions). Following all parent-child laboratory assessments, a PIRS was completed independently by each of the two research assistants who conducted the assessment. (Research assistants were typically bachelor's level college graduates). All PIRS ratings obtained for a particular child were combined into one summary score used in subsequent analyses.

Almost all of the protocols described above require judgments by raters regarding responses to interviews, observations of behavior, or scoring of videotapes. In all cases, the research personnel making these ratings were trained to high-reliability criteria (for categorical judgments, kappa coefficients of .70 or higher; for continuous measures, intraclass coefficients of .80 or higher). Further, all of these ratings were made blind to the results of other assessments. Where specialized training was required (e.g., administration of diagnostic and family interviews), investigators were trained on administration and scoring with nationally recognized groups of researchers, often those who developed the instruments.

Family Functioning During Dinnertime Routines

Our research agenda has focused on investigating the role of the family in the transmission of risk across generations from a developmental psychopathology perspective. We hypothesized that the quality of routine family interaction patterns may influence the extent to which maternal depression impacts child outcomes. We have found that dinner-

time provides a particularly good opportunity to observe routine family interactions. For many families, dinnertime may be the only consistent time that all family members gather together. It is a time for updates about the day, discussions about family matters, and coordination of schedules and plans. As such, it is a rich context in which to observe patterns of communication, problem solving, and negotiations about roles and competing agendas, not the least of which is getting all family members fed. Moreover, observational assessments of mealtime provide a context in which to obtain naturalistic information about routine family functioning without biases inherent in self-report data.

It is important to note that our focus on dinnertime interaction is not to examine the importance of having a meal together as a family routine per se, but rather to assess functional patterns of interaction during this routine family event. This approach allows us to see a "snapshot" of family life, from which we make inferences about how the family functions as a whole.

McMaster Model of Family Functioning

The McMaster Model of Family Functioning provides a useful framework to study questions related to family functioning in the context of risk. The Model focuses on the processes occurring within family systems that generate

behaviors disruptive to everyday functioning of the family as well as strengths that families bring to these situations (Keitner & Miller, 1990; Keitner, Miller, & Ryan, 1993). This functional view of the family involves the manner in which the family as a whole provides a supportive structure within which to accomplish basic tasks (providing food and shelter); to negotiate developmental tasks (promoting growth and development of individuals as well as facilitating fami-

ly stage transitions); and to manage hazardous tasks (coping with crises and changes such as illness or loss of employment). The McMaster Model also considers six important dimensions of family functioning necessary for full understanding of the complex ways in which the family operates. These include problem solving, communication, roles, affective responsiveness, affective involvement, and behavior control. As such, this model does not simply catalog behavioral interactions among family members, but rather summarizes the organization reflected in these interactions. Ultimately, the overall organization of the family is judged on a scale ranging from unhealthy to healthy family functioning.

A conceptually interesting aspect of this model is that healthy family functioning is not equated with the absence of individual illness. For example, even when a mother is showing signs of clinical depression, the family may be considered

For many families, dinnertime may be the only consistent time that all family members gather together. It is a time for updates about the day, discussions about family matters, and coordination of schedules and plans.

to be organized in the healthy range of functioning to the extent that family members compensate for the diminished capacities of the individual. This may occur by shifting roles and responsibilities as developmentally and pragmatically feasible, by facilitating the individual's access to appropriate mental health services, and/or by infusing the family with additional support (e.g., have grandmother come for a visit) in order to provide affective and pragmatic assistance.

Depression research conducted by Keitner and colleagues using the McMaster Model suggests that families with a depressed parent have more impaired family functioning compared to control families and to families of other diagnostic groups (such as schizophrenic, bipolar, alcoholism, and adjustment disorder), with a larger proportion of depressed families falling into the unhealthy range of family functioning (Keitner, Miller, Epstein, & Bishop, 1986; Miller, Kabacoff, Keitner, Epstein, & Bishop, 1986). Depressed individuals in families rated as unhealthy, based on clinician and self-report of family functioning, have more severe depressive symptoms and lower rates of recovery compared to those depressed individuals in families rated as healthy (Miller, Keitner, Whisman, Ryan, Epstein, & Bishop, 1992). Further, patients who recovered from major depression were more likely, at the time of hospitalization, to perceive their families as functioning within the healthy range, whereas patients who did not recover reported unhealthy family functioning (Keitner, Ryan, Miller, Kohn, Bishop, & Epstein, 1995). More positive overall level of perceived family functioning was a significant predictor of recovery from depression at 12 months following discharge from the hospital (Keitner, Ryan, Miller, & Norman, 1992; Keitner, Miller, Ryan, Epstein, & Bishop, 1989).

Using the McMaster Model of Family Functioning to Assess Routine Dinnertime Interaction

We applied the McMaster Model to examine the organization of dinnertime routines (Mealtime Interaction Coding System; Dickstein et al., 1994). The task of having a family dinner, particularly in families with young preschool-age children, often requires the management skills of a top-notch CEO coupled with the negotiation finesse of a diplomat. Prior to eating a meal, pragmatic decisions need to be made including menu selection, procurement of ingredients, and meal preparation. During the meal, tasks and challenges often include coordinating the process of eating, communicating daily events, teaching about what is accepted (e.g., no throwing food) and expected (e.g., manners), managing relationship interactions, and generally meeting the various needs of each family member. We observed the first 20 minutes of a videotaped meal and evaluated the quality of the family interaction based on six modified McMaster Model dimensions of family functioning: Task Accomplishment, Communication, Roles, Affect Management, Interpersonal Involvement, and Behavior Control. These will be described

below, with examples provided from the two extreme endpoints of unhealthy and healthy family functioning.

Task Accomplishment. Task Accomplishment is broadly defined as the "flow of the meal," including the way in which the meal is structured, and the process by which disruptions are resolved in a flexible and adaptive manner. It is important to focus on the overall unfolding of the mealtime situation, rather than on specific individual behaviors. As such, it is less important that each member eats during the mealtime, but rather that this behavior does not disrupt the overall task at hand. Behavioral indicators include: Is food prepared/distributed in an safe, organized, and appropriate manner?; Are delays, transitions, disruptions handled in an effective manner?; Does there seem to be a mealtime routine followed by family members?; Are individual family member's needs attended to as necessary?

Unhealthy family functioning is characterized by chaos, with no apparent sense of routine; the meal appears to be a haphazard, ill-planned, and poorly executed event. The family is not adequately nourished during mealtime. There is no discernible beginning, middle, or end to the meal situation. Disruptions that are not recognized, acknowledged, or addressed tend to overwhelm the mealtime experience. At the other extreme, healthy family functioning involves flexibility, smooth transitions, well-planned, and well-managed meal. Major or minor disruptions may occur, even frequently, however they are addressed in a nurturing, enhancing, growth-promoting manner. The family meal may be relaxed or busy, but the basic structure of the meal remains adaptive to the needs of the family.

Communication. Communication involves the exchange of information among family members. Verbal expression is weighed heavily (thus in families with a 1-year-old, this may involve focusing on the couple rather than the family). It is important to consider who is included and excluded from the communication; the balance of silence and talking; and whether one person tends to dominate the conversation. The quality of the communication is rated based on two continua, clarity and directness. A message is clear when it is concise, relevant, consistent with other information, and congruent with nonverbal cues. Communication is direct when the message is addressed to the person for whom it is intended, the intended recipient receives and acknowledges the message, and the message is delivered in an age-appropriate manner. Interruptions that result in a block in communication are considered signs of masked communication.

Unhealthy family functioning is rated when the family demonstrates ineffective communication. There may be silence, or communication characterized by chaotic or irrelevant signals. Messages may be masked so that others do not understand the content or may be indirect so that even clear content is transmitted to the inappropriate person. It may be that some members do not speak at all, and the silence is palpable; messages may be actively ignored; verbal and nonverbal cues are incongruent; content is age-inappropriate (e.g.,

parents discuss marital difficulties with young children). On the other hand, families characterized as healthy convey virtually all messages in a clear and direct manner. Messages are transmitted concisely and efficiently; content is age-appropriate; there is congruence between verbal and nonverbal cues. If the listener is unsure of the message, clarification is effectively requested and received. Overall, communication throughout the meal reflects smooth transitions, is participatory, and flows easily.

Affect Management. Affect management involves the relevance and appropriateness of emotion expressed during the meal. Focus is placed both on the production of affect (i.e., the appropriateness, intensity, contextual relevance) and the response to affect by family members (i.e., the sensitivity, contingency, and congruence). This dimension is not concerned with particular types of emotion expressed by family members, but rather with the manner in which affect is managed by the family.

Unhealthy family functioning in this domain involves affective experiences that disrupt family mealtime interaction. Any of the following patterns may be present throughout the meal: (1) severe restriction of emotion (i.e., flat) with absence of positive tone; (2) constant overproduction of emotion; (3) chaotic lability of emotion, including random mood swings; (4) absence of appropriate emergency emotion; and/or (5) emotions that are incongruent with the context of interaction, such that disruptions in mealtime functioning are apparent. Difficulty with both the production and response to affect is apparent. At the other extreme, families who demonstrate healthy family functioning display a range and quality of emotional patterning that reinforces and enhances family interaction during the meal. All family members appear to benefit from the manner with which emotions are dealt. There is an atmosphere in which emotional expression is encouraged, valued, and sensitively responded to in almost all cases.

Interpersonal Involvement. Interpersonal involvement refers to the extent to which family members show interest in, and value, each other's activities and concerns. This may involve direct discussion about events of the day, issues of personal importance to each member, or probing about thoughts, feelings, or opinions on a topic. In addition, nonverbal indicators of interpersonal involvement include eye contact, comfort with physical proximity, and displays of affection.

Unhealthy family functioning is characterized by the family displaying either a *lack of involvement* or *symbiotic involvement* (extremely overly involved). At the dinner table, personal space is either greatly exaggerated or not respected, families demonstrate either too much or too little interest in

what other members are doing. With *lack of involvement*, individuals seem to "do their own thing" with little or no comment or notice from others. Involvement may be forced only by instrumental need. Family members do not collaborate on tasks during the dinnertime observation. On the other hand, with *symbiotic involvement*, there is a lack of personal privacy, no independent decisions are made and/or family members may be acutely attuned to their own idiosyncratic interactional style, which appears confusing or not understandable to the observer. Healthy family functioning involves family members demonstrating, recognizing, and accepting *empathic involvement* with each other. There is genuine interest in each other's activities. When appropriate, there is respect for independence and personal space.

Behavior Control. Behavior Control refers to the way in which the family expresses and maintains standards for the behavior of its members including issues related to physical danger (e.g., no hitting, not allowed to touch hot objects, etc.); psycho-biological needs (e.g., rules for eating, etc.), and social behavior (e.g., manners at the dinner table, showing

respect for others, etc.). Four control styles, from least to most effective, are: *chaotic* (random shifting among control styles so that there is confusion about standards of behavior); *laissez-faire* (no standards with total latitude given to family members); *rigid* (little room for negotiation); and *flexible* (reasonable standards with room for negotiation depending on circumstances).

Unhealthy family functioning is rated when a *chaotic* pattern predominates. Family members act in ways

that risk physical harm to themselves or others. Bizarre, anti-social, or immoderate patterns of eating may be present. Family members' behaviors reveal a lack of respect for each other. Behavior control problems are significant and evident in both parents and children, leading to extreme disruption of the mealtime. There is significant conflict as a result of behavior control problems. On the other hand, healthy functioning families demonstrate a *flexible* style of behavior control. Their standards are clear and based upon respect for family members. More rigid control may be invoked with the children in the event of a dangerous situation (e.g., child is rocking dangerously in a highchair and parent insists that the child stop). There may be demonstrations of behavioral respect (e.g., overt display of manners) and/or constructive teaching (e.g., "Oh, we don't throw food in this family"; "You have really gotten good at using your fork!").

Roles

Family roles are the patterns of behavior by which family members fulfill family functions. This involves examining dinnertime tasks (cooking, feeding children) and determin-

Family roles are the patterns of behavior by which family members fulfill family functions. We observed cooking and feeding children to see whether responsibilities seemed fairly distributed, age-appropriate, and explicitly assigned.

ing whether family dinnertime responsibilities seem (1) fairly distributed as evidenced by verbal and/or nonverbal displays of complaining or appearing overwhelmed, (2) age appropriate, and (3) explicitly assigned as evidenced by communication and cooperation about specific tasks. We observe for indications of accountability as well as allocation of responsibilities.

Unhealthy family functioning appears as though assignment of tasks does not take place, is ineffective, or unfairly distributed. Mealtime tasks may be assigned to family members who do not have the developmental or pragmatic capacities to accomplish the task. The family fails to ensure that necessary tasks are carried out, and members do not seem to feel a sense of responsibility for tasks. The family is unable to be flexible or to compensate for disruptions in role functions. On the other extreme, healthy family functioning is observed when virtually all task functions are carried out smoothly and efficiently. Roles are clearly assigned, and responsibility is apparent. Task distribution is reasonable and acceptable to all members. Family members can easily adapt their roles as the situation warrants.

Overall Family Functioning

In addition to evaluating the specific dimensions of family functioning, a general assessment is made. This judgment reflects the overall sense of the family based on all of the information taken together. Many families present a very consistent picture over the course of the meal, while others have more diverse strengths and limitations (for example, mostly seeming calm, relaxed, and happy but also having a harsh or punitive style toward a child who refuses to eat).

Videotapes of the meals of poorly functioning families are, quite simply, painful to watch. The families seem disjointed and chaotic, and individuals may demonstrate significant symptoms of psychopathology that are left unchecked. Children are inadequately fed and/or nurtured, and adults do not get along. The meal seems to be an unpleasant experience for the family. Alternatively, the healthy family's overall quality of meal interactions is high, and family members clearly enjoy each other's company. The tasks of the meal are accomplished smoothly, behavioral problems are handled without disrupting the meal, and there is generally time made during the meal for family members to talk about things that matter to them. Challenges are certainly apparent although behaviors do not become problematic to the point of disruption.

Dinnertime Illustrations

We provide two vignettes based on mealtime interactions observed as part of the PFS. To protect subject confi-

dentiality, all names and identifying information has been altered. In addition, the vignettes were chosen for illustrative purposes, and thus convey only a snippet of the full meal interaction that was observed.

Vignette 1. Family 1 includes Mom, Dad, 4-year-old Timmy, and 1-year-old John. In what was reported to be a fairly typical mealtime, the first 5 minutes were devoted to Mom and Dad "setting the stage." They set the table, placed John in a highchair next to Mom, and filled all plates. Their decision to have spaghetti for dinner allowed us to see numerous dimensions of family functioning. First, the parents seemed to have clear, predetermined, and easily transacted mealtime roles characterized by "man-to-man" defense. That is, although there was a clear team quality to their overall interactions, Dad was entrusted with primary responsibility for helping Timmy negotiate dinnertime tasks, and Mom for helping John. Management of each child's experience during dinner was developmentally appropriate. As Mom cut John's food into smaller pieces and made certain it was cool enough to eat, Dad was free to provide Timmy with pointers on how to twirl spaghetti on a spoon so as not to splatter sauce all over himself. As Timmy began, Dad said, "Lean forward, over your plate, come on, you can do it, don't lean back, don't lean back!" As Timmy got the food in the generally correct direction, he smiled with a mouthful of sauce at Dad who exclaimed, "Yes!" John then said,

"Ot!" and spit out his food. Timmy remarked to his brother, "Don't spit your food," and to his parents, "Why does he talk like that?" Mom replied, "Well, he can't say 'hot' so he says 'ot.'" Timmy said, "Oh" and looked at John who repeated, "Ot" with a grin. Timmy said, "It's okay, when you get older, you'll be able to say 'hot' like me." After a few moments of quiet, Timmy said, "I'm going to fight in an army." Dad appeared startled, but regained composure before responding, "Oh, how come?" Timmy said, "I

Many families present a very consistent picture over the course of the meal, while others have more diverse strengths and limitations (for example, mostly seeming calm, relaxed, and happy but also having a harsh or punitive style toward a child who refuses to eat).

don't know—it's just what I want to do." Mom then said, "Wasn't there something else you were also gonna be?" Timmy then informed his Dad, "Oh yeah, I'm also gonna be a fireman and a rock star." "Oh, I see," said Dad with some element of relief. During the course of the next 15 minutes, family members continued to eat and to make conversation about daily events. When both boys had stopped eating, Mom turned to John with a final prompt, "Are you all done?" John closed his mouth tight. "All done," said Mom, clearly reading his signal and getting up to get a cloth to wipe his face. Timmy immediately stood up, as did Dad, and sidled up close to John. Timmy said, "What?! Are you all done?" John raised his arms, continuing a family ritual that had evidently been played out many times before. Timmy tickled John under his arms, at which point John laughed and quick-

ly lowered his arms. Timmy said, "See, you're not all done." Once John's arms were down, Timmy began again, "What? Are you all done?" John once again lifted his arms.

This vignette of healthy family functioning (in a family with a mother with no history of depression diagnosis) highlights the normative challenges of dinnertime and provides behavioral examples in numerous dimensions of family functioning. It captures the overall pragmatic flow of the event, as well as the nourishment derived not only by food but also by social and emotional interaction. There is a clear sense that the instrumental demands of the experience are fulfilled, and that there is a general sense of enjoyment. Further, this family demonstrates the ability to capitalize on opportunities for developmental growth, to foster interpersonal relationships, and to convey social conventions they have deemed important as part of their mealtime experience.

Vignette 2. Family 2 includes Mom, Dad, 6-year-old Mary, and 2½-year-old Jane. During the first 5 minutes of the meal, the family was seated in front of filled plates of food. Mom and Dad both had heads down, concentrating on eating. There was little conversation. Mary picked at her food and was noted to frequently glance at Jane across the table. Jane was lounging back in her seat, swinging her legs back and forth in an absent-minded fashion, periodically kicking the table. She was clearly not interested in eating. At one point Jane got up from the table, Mom looked up and impatiently ordered her to "sit down and eat!" Jane began to whine then cry in a small voice, "I'm not hungry." Mary immediately took action—she asked Jane if it would help her to eat if she turned on the TV. Jane nodded affirmatively and sat down. Mary turned on the TV, the volume drowning out our ability to hear any subsequent verbal exchange, and likely the family's ability to engage in conversation. Mom and Dad continued to eat, without visually attending to each other or the children. After a few minutes, not having eaten anything, Jane began to cry again. She got up, walked around the table, and put her head in Mary's lap. Mary put down her fork, caressed Jane's forehead, and then turned off the TV. In an alarmed voice, Mary said to Mom, "She's really hot. I think she has an ear infection."

This vignette of unhealthy family functioning illustrates how the challenges of a mealtime can reflect overwhelmed and disorganized family functioning. Specifically, functional family interactions seem to be profoundly affected by maternal depression (likely in addition to associated difficulties in marital functioning and potential mental health issues with the father). As is the case in this family, when a parent is depressed, symptoms such as sad or irritable mood, lack of interest in activities and relationships, and feelings of low self-worth and helplessness are likely to interfere with accomplishing even the most basic tasks of family life. In this family, there is a general sense of disconnection among family members. The tension seemed palpable both from the perspective of the observer as well as (likely) the participants. Most strikingly, the 6-year-old child was required to take on

responsibilities for which she was developmentally ill equipped, including needing to provide behavior management and nurturance/supportive functions for her younger sibling. This family did not present as a cohesive group in which individual growth and development could be fostered.

Questions

The dinnertime observations as illustrated above are compelling, and they raise several questions relevant for researchers and clinicians alike. First, is our snapshot assessment of family functioning during a routine family mealtime an accurate view of how the family functions on a more consistent basis? That is, is family functioning stable over time? Second, is mealtime family functioning related to maternal depression? And third, is mealtime family functioning related to child outcomes at 4 years of age?

Question 1. Is family functioning assessed during mealtime interaction stable over time? In line with a systems perspective, we found that the quality of family functioning is stable over time. This does not mean that behavior of families is static, but rather that the quality of family unit interactions retains a familiar flavor over time. We found significant associations between quality of family functioning when children were 1, 2½, and 4 years of age. Thus, families who were judged to be doing well or poorly at one point in time were likely to continue the same quality of functioning at 18 and 36 months later. (These associations remained even when we controlled for levels of SES and for the presence of a DSM diagnosis). When looking at the magnitude of change either from 1 to 2½ years or from 2½ to 4 years, not only did families retain their characterization as "healthy" or "unhealthy," most families demonstrated very minimal change in level of functioning. On the other hand, about 16% of families did demonstrate moderate change in quality of family functioning between 1 and 2½ years (with about two thirds of those families changing in the direction of less healthy functioning). We speculate that this may reflect increased stress often reported by families as they face challenges presented by emerging independence in toddlers. Further, about 25% of families displayed moderate change from 2½ to 4 years, but at this age there was no consistent direction of change. From a developmental psychopathology perspective, further investigation of these families who exhibit change in functional organizational capacity may yield important insights about the associations among and between family functioning, child developmental demands, and risk.

Question 2. Is family functioning related to maternal depression? The presence of a DSM-III-R depression diagnosis was not associated with mealtime family functioning at any assessment point. (It should be noted that for this analysis, we compared mothers with a DSM-II-R depression diagnosis to all other mothers in the sample). However, we did find that intensity of maternal depressive symptoms was associated with mealtime family functioning, whether or not the

constellation of symptoms clustered to meet diagnostic criteria. For both time spans (that is, from 1 to 2½ and from 2½ to 4 years of age), improvement in family functioning was associated with significant improvement in depression symptom severity level (with analyses conducted to account for the underlying strong association in family functioning over time). Further, improvement in family functioning from 1 to 2½ years predicted amelioration of depression symptom severity at 4 years. This intriguing piece of evidence suggests that finding ways to help the whole family function better may actually serve as a protective factor — if not an effective depression treatment — for women with young families.

Question 3. Is family functioning related to child outcomes?

Family functioning is indeed important for child developmental outcomes. Not surprisingly, children generally do better when their families function well. Healthy family functioning was related to the child's social-emotional competence and report of fewer behavioral difficulties at all assessment points. Improvement in family functioning during the transition to toddlerhood (from 1 to 2½ years) was associated with higher levels of child social-emotional competence at 2½ years. Improvement in family functioning during the toddler years (from 2½ to 4 years) was associated with fewer child behavior problems at 4 years. The shift in the apparent consequences of improved family functioning for developing child competence warrants further investigation. In addition, alternative explanations for positive child developmental outcomes, such as potential growth-promoting effects derived from child care experiences, may actually serve to influence quality of family functioning.

Summary

We used the McMaster Model of Family Functioning to conceptually frame questions related to family functioning in the context of risk during dinnertime, a routine family experience. Specifically, we used this model to move beyond the view of how individual (maternal) depression impacts an individual child, to better understand how the family system as a whole functions in the context of fluctuations in maternal symptom presentation and changing child developmental demands and challenges. Although our data do not speak to the question of whether having a meal together is important, we did determine that the quality of interaction during mealtime is stable over time and related to child developmental outcomes as well as expression and maintenance of maternal depression severity.

The McMaster Model of Family Functioning is not only relevant for research purposes, but has demonstrated clinical utility as well (Epstein & Bishop, 1981). This model might be useful for designing treatment interventions for young at-risk families. Based on our results, there is reason to speculate that helping young families improve their ability to effectively manage the functional aspects of family life may not only impact the developmental competence of children, but may also influence the expression and maintenance of depressive

symptoms over time. Further, assessment of families with this tool may facilitate the examination of how variation in symptoms expressed by depressed mothers (such as irritability versus withdrawal) might be differentially related to child outcome. ♦

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CHILD CARE IS RICH IN ROUTINES

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The concepts and examples used in this article are further elaborated in Emotional Connections: How Relationships Guide Early Learning, a curriculum for caregivers and teachers written by the author with Carol Martin and Arleen Prairie, to be published later this year by ZERO TO THREE.

The enjoyable and meaningful routines that are characteristic of good-quality child care for infants and toddlers can foster healthy development. In child care, there is a consistency of the patterns and routines that will shape habits of behavior. These help children build self-control and feel mastery. Child care presents the opportunity to interact with other children, teaching patterns of social interactions, as well as expanding language skills. The shared interest and joy of group activity motivates young children to learn. The patterns and routines of child care will augment the child's home and family experience in ways that are valuable for future development.

Child Care Is Rich in Patterns and Routines

Two-year-old Johnny is at the door standing quietly on the red line before the caregiver has said it is time to go to lunch. Sarah gets her teddy and curls up on a cot, before the caregiver says it is naptime. In child care many routines are preplanned and consistent from day to day. Activities happen during the same time period in the day, such as lunch, nap, reading, or playground time. Many behavior patterns surrounding these activities are specific and always expected of the children. Because these temporal and behavioral patterns



PHOTO: MARILYN NOLT

are so consistent and repetitious, they become quickly internalized. Toddlers anticipate events and learn behavioral and social patterns in child care that support and enhance their development.

Temporal patterns are believed to set the foundation for the infant's ability to process subsequent cognitive and social information. Today, many children enter group care as infants, sometimes as young as 6 weeks. The younger the child, the more flexibility the caregiver must have to alter schedules and routines to fit the child. Most centers or family child care homes have their infants in a different room from older children so that caregivers can adapt their scheduling to the patterns the baby defines. They often prepare food that parents have brought so as to keep diets consistent and strive to match feeding times as much as possible to the home schedule. It is hoped that child care providers can manage their census so that there will be enough time to be responsive to the needs of each baby. Temporal patterns in

at a glance

- The enjoyable and meaningful routines characteristic of good-quality child care can foster healthy development.
- Child care patterns and routines are emotion regulators.
- Child care routines teach behavior regulation.
- Many children introduce patterns and routines learned in child care to their homes.
- Child care patterns and routines guide social development and provide opportunities for children to share their feelings.

the early months should be child directed. Each baby will need personal attention to be rocked when fussy or fed when hungry. For this reason, many centers feel that it is preferable to have no more than three infants per caregiver.

In the early months of life, parent and child care provider will work closely together on temporal schedules. Parents need to let caregivers know when there have been disruptions in the home schedule, caused by illness, lack of sleep, or disorganizing events within a household. Caregiver and parent will also make decisions based on where the child is spending most of his or her waking hours. For example, if the infant is spending 6 to 10 hours in child care 5 days a week, parents should try to frame their weekend days to a similar feeding and nap schedule. But if the baby is in child care for only a few hours on 1 or 2 days, parents should share their schedules with the provider so that the child care schedule can meet the home schedule. When the alliance between parent and caregiver is strong, infants may experience little stress in the transitions between home and child care.

As children mature, their temporal patterns will be more predictable and similar. A group of 6-month-olds in a center is likely to be napping around the same time, or together in highchairs, watching one another try finger food. Caregivers find that they can plan some shared activities that allow the more mobile babies to watch and interact together. Responsive caregivers will have arranged a safe space for babies to crawl or roll around freely while also encountering rattles, bells, balls, books, and soft blocks. Toward the end of the first year, temporal patterns for the 12- to 15-month-olds should be more structured, so that when these babies move into the toddler room, where schedules are set, they will be able to adapt easily.

Child Care Patterns and Routines Are Emotion Regulators.

The stability of the childcare routine provides physiologic stability for the child: *"I will be fed at the same time each day."* It also provides emotional stability: *"I can trust that they will feed me, and I feel safe in knowing who, where, and when."* Consistent routines are comforting. It gives children a feeling of continuity when temporal expectations are met. There is a feeling of safety and trust in knowing that the same thing will happen every day. Children do not become anxious about what is going to happen. When children feel safe, they are open to exploration and learning.

Toddlers gain confidence in their knowledge of the daily routines and take pride in showing this to others. Like Johnny and Sarah in the opening examples, this confidence in knowing the routine will transfer to the child's internal sense of identity: *"I know what will happen next. I am okay. I will show everyone, my caregiver will hug me, I will be first."* Learned behavior patterns contribute to systems of self-control. They represent inner resources, which will lessen children's anxiety. As children anticipate actions and activities correctly and choose their behaviors to fit, they feel worthy

and competent within themselves. They also experience less negativity or sanctions on their behavior, which reinforces a pattern of positive behaviors and rewards.

For some children, child care routines are an oasis. Family life today can be chaotic, with busy parents managing complex and changing household schedules. The "typical" household, where the family all sits down together at the same time for dinner and young children are all in bed at 8:00, is a rarity.

When child care centers have sufficient resources, they can offer children continuity of care through people, as well as in the form of predictable schedules and routines. This means that there will be primary caregivers who can remain with a specific group of children. An emotional connection can be established with a caregiver the child knows and trusts. This will add to the emotional stability of the child. Likewise, a consistent caregiver will also know the child well. A primary caregiver will be able to respond with positive emotions when a child anticipates a routine and chooses helpful behaviors. A primary caregiver provides direction and interpretation to the child's behaviors, thus expanding the child's sense inner control and self-worth.

A consistent caregiver can also detect anxiety within the child she know well. When incidents occur within the day that cause fear, sadness, or anger, the primary caregiver will be responsive. When a child comes to child care with physiologic or emotional patterns that are disorganized, a consistent and responsive caregiver will detect this and be able to provide emotion regulation as well as addressing the child's needs.

Child Care Routines Teach Behavior Regulation.

Routines define and direct behavior. A behavior, such as hanging up your coat when you take it off, is learned quickly in a group setting where children are motivated to "fit-in" and to imitate: *"I can manage my own coat."* *"I am like the other children."* *"I am part of this group."* These routines also give children feelings of continuity: *"I know where my coat is."* *"It is always there."* As a behavior is repeated day after day, it becomes internalized into a habit, and the habit provides a sense of comfort. This is true for adults as well as children. Patterns organize our behavior, organize our thinking, and help us fit in successfully with others.

Patterns of behavior (sometimes called "procedural knowledge") that we learn early often become personal routines that we take with us to any new environment. They do not require conscious thought or energy. When we maintain these routines or patterns of behavior we are reducing stress. For example, do you need to be concerned about where you will find your clean socks each morning, or is finding them automatic? Where is the can opener? Automatic? Which side of the bed will you get into tonight? Always the same? When a person moves or changes jobs, this procedural knowledge is temporarily shattered. We are disorganized and sometimes anxious. Where are my socks?

We usually try to transfer our personal routines to the new environment because they give us comfort.

Some Child Care Patterns and Routines May Go Home.

The child care setting may give the child behavior patterns that are not used at home. Many children want to continue these patterns and will initiate them in their home setting.

Twenty-eight-month-old Kim and her mother arrive home from child care. Mrs. B walks past Kim to the kitchen to set the groceries down. She throws her coat on a chair and calls to Kim to come get some juice. When she decides to put her coat away she looks for Kim's coat and finds it in a pile next to the door. The next day Kim again puts her coat and hat together next to the door. The following morning, when Mrs. B. drops Kim off at child care, she stays to visit a bit and watch the children arriving. Each child in the 2-year-old class puts their coat and hat in a cubby by the door when they came in. "Oh," thinks Mrs. B. "This is a nice habit. Perhaps we should carry this through at home." She asks Kim if she would like a cubby at home. Kim smiles and nods. That night, some low hooks are installed by the door at home.

Kim's parents were able to understand that Kim wanted to continue her child care routine by hanging her coat by the door at home. By making this possible, the B's reinforced this pattern of behavior. When Kim's parents adopt a routine that happens in child care, they are bolstering Kim's feelings of competence and continuity. They are also helping Kim internalize this pattern of action. Routines and patterns established early are often enduring. Many people unconsciously plan their homes and offices to have hooks and drawers by the door for car keys, and outside clothes. These routines continue to give them feelings of control and emotional and behavioral regulation.

As Kim matures she may extend this pattern to other things and in other rooms. Many 3-year-olds make special spaces for their special toys. In child care, things are kept in special places: the blocks are in the blue cupboard; the books are across the room. Toddlers very quickly learn what belongs where, and enjoy the feelings of control, safety, and knowledge that this constancy provides. When children have been in child care for 2 or 3 years, they frequently try to organize family members around behavior patterns learned in the center.

Most 3-year-olds have internalized some routines. They become very upset if these patterns are disturbed: "I sit in that place." "I want the blue cup." "I choose my own cookie." A primary child care provider will know the individual expectations of her group of children. She will also have asked the parents about home routines and expectations that a child brings into the child care setting.

Child Care Sets the Pace.

There are many more established patterns of behavior within a child care situation than in most homes. It is not uncommon to have the child care center be the first place in which a child is asked to pick up toys, to share, to use the potty, or to feed himself or herself. For example, children begin to learn that materials from one activity must be put away before another begins. Such simple things as having face and hands washed before getting out of the highchair sets a pattern for cleaning up before leaving an activity. If these patterns of behavior, such as "pick up" and "clean-up" are continued at home, children will internalize them. These children will have an easier transition to school, where they will be required to keep track of their own things. They may also become adults who automatically put pens in the drawer as they get up to leave the desk.

When home and school patterns do not match, children quickly adapt to the routines of place. In child care, they may be proud helpers in cleaning up after an activity. At home, they feel confident that Mom will not expect this. Many toddlers are also dealing with the routines of a grand-

mother's or noncustodial parent's house. When routines and expected patterns of behavior are too many or conflicting, a toddler may feel overwhelmed rather than comforted. This can lead the toddler toward behaviors that are disorganized, such as acting out, or having tantrum. It is important for family caregivers and child care providers to share with one another what the expectations will be for the child.

Patterns of Behavior Increase Safety and Decrease Conflict and Anxiety.

When children learn a positive pattern of behavior they are less apt to choose a disruptive, dangerous, or disorganized behavior. When a coat is hung up, it is not tripped over, stepped on, or lost. When toddlers sit to eat, there are not as many spills or slips on food. Setting patterns is a form of discipline. Because patterns and routines serve as guides to positive behavior, they also decrease the instances when children act out or feel out of control. Structure provides a guideline for behavior without the need for sanctions or negative interactions. Children do not need to experiment with actions in order to find out what brings approval or success.

Rules set expectations for individual behavior. They make tasks easier by guiding performance. Rules are like instructions; they define steps of action toward a goal. For example, when a child learns to find the corner pieces of a puzzle first, the task takes on clear focus. Rules also set expectations for everyone's behavior in a group. They establish what behaviors are acceptable and what are not. They serve the group by allowing people to function safely together. For example in child care, it is common to have rules for lining

There are many more established patterns of behavior within a child care situation than in most homes. The child care center may be the first place in which a child is asked to pick up toys, share, use the potty, or feed himself or herself.

up to prepare for a group event, sitting down to read a story, or holding a rope to walk to the park.

Rules also guide children in their relationships with others. There can be set patterns for turn taking, for passing and sharing food, and for using the sand pile or the climbing toys, which will decrease power struggles and accidents. In the child care setting, rules and limits seem to be easily accepted and followed. Children are motivated to fit in and to imitate. They will adapt their individual goals and needs in order to belong to the group.

Rules and limits vary widely in home settings. Guidelines for behavior within some families may be confusing. In other households, toddlers direct the activity. The adults support and facilitate seemingly anything the child wants. These children have a difficult transition into the child care setting, where group activity requires group structure and where rules and limits are clearly defined.

Child Care Patterns and Routines Guide Social Development.

A major developmental focus of the second and third year is to master social interactions. This requires learning patterns of communication and rules of social behavior. Typical physical development leads children toward expanding their social world. Even if they are not in group care, as children begin to crawl and walk, they wander into interactions with people other than their parents, and their social world expands. Babies soon learn that most strangers will respond to their smile. The smile is a social behavior that is welcoming and fairly universal. Waving bye-bye is another social pattern of behavior that is taught to most preverbal children and also universally understood. Most cultures have established patterns of greeting, engaging, and saying good-bye. Although these may be different in different cultures — some greet with a bow, some with a kiss on each cheek, some with a high five — established social patterns of behavior are at the foundations of human connection. Patterns of social interaction are also patterns of communication. They lead children toward learning and using language.

The child care setting can be a prime place to learn social interaction patterns. There is ample opportunity for the 1- to 2-year-old to engage many different adults and interact with or watch other children. Defined patterns for greeting and saying good-bye, for approaching a new person, or for listening and watching others interact are first modeled, then initiated in the child care setting. Words such as "mine" and "my turn" are quickly learned, then expanded into "may I?" and "you, too?" In child care, there are constant opportunities to experiment with different kinds of social interactions and the words that reinforce social skills. Toddlers extend the social experiences observed or experienced in child care to their toys. The 30-month-old will teach social rules of courtesy and sharing to her dolls as she plays alone at home.

As infants mature, more complex social patterns, such as turn taking, sharing toys, waiting for others, or helping oth-

ers, are guided by child care providers. Very young children easily learn social rules of order in the group setting. Many of these rules constitute limits on behavior, such as lining up for activities, staying quiet at prescribed times, waiting for a turn, or choosing "just one." Some other social patterns which are learned easily in the group setting are behaviors such as toileting and self-feeding. All of these patterns of behavior follow social rules that also lead children to social success and to self-control.

In child care, toddlers have opportunities to experiment and experience the results of many different social behaviors. Trained child care providers know appropriate ways to intercede in disputes, set rules about sharing toys, and demonstrate negotiation skills. They also guide children toward empathy and respect for other: "*Do you think Ben would like a turn on the trike?*" "*Maria looks lonely, let's ask her to play with us.*" "*Rajiv is just learning, wait, don't rush him.*" Helping others is a way of life in good child care settings. Toddlers are asked to help get out materials and put things away, help one another get ready or be quiet, and help to comfort a crying child. These patterns of empathy help toddlers learn and internalize values of group participation and of relationship.

Child Care Routines Provide Opportunities for Children to Share Their Feelings.

Most child care providers will talk about how it feels to share a walk, a song, or a story. They will talk about the feelings of characters in a book or attribute feelings to dolls and stuffed toys in the play center. Caregivers will also talk about how social interactions feel and urge toddlers to learn "emotion words" and declare when they are happy, sad, or mad. Caregivers also guide toddlers to consider the feelings of others: "*How does Becka feel when you push her?*" "*How does Damon feel when you won't share the buckets?*" Toddlers who learn to understand how others feel when social interactions have hurt or disappointed them, and to understanding their own feelings and goals, are building a foundation for learning patterns of negotiation and collaboration that they will need for the rest of their lives.

Summary

Good-quality child care for infants and toddlers is rich in patterns and routines that support children's cognitive and social development. Child care patterns and routines offer physiologic stability and emotional security, and teach behavior regulation. Learning positive patterns of behavior helps young children succeed within the child care setting; children also carry internalized routines to their homes and, later, to school. In group care, children begin to learn patterns and rules of interaction. These social patterns become more complex as toddlers, guided by trusted caregivers, learn and practice turn-taking, sharing, negotiation, helping, and comforting — routines that build empathy, and respect for self and others. ♦

BRIDGES TO LITERACY:

Early Routines That Promote Later School Success

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Will this baby be "ready" for school? Will she "like" school? Will he become a reader? Will she gain the skills needed to garner a "good" job in adulthood? What are developmentally appropriate ways to foster pre-academic growth? These questions are increasingly asked by parents, child care providers, early educators, and policy makers at every level from the neighborhood parent group to the White House.

Two recent reports from the prestigious National Research Council (NRC) explored how children become "ready for school" and develop literacy (NRC and Institute of Medicine, 2000; Snow, Burns, & Griffin, 1998). After reviewing existing research, one panel concluded, "The majority of reading problems faced by today's adolescents and adults are the result of problems that might have been avoided or resolved in their early childhood years" (Snow et al., 1998, p. 5).

Leadership in making literacy a priority with even young children comes from the highest levels. "Every child a reader" was President George Bush's number one domestic goal until



PHOTO: S. ROSENKOETTER

the tragedies of September 11. Mrs. Laura Bush has been traveling the country to share her literacy development message. The President has appointed several well-known early childhood researchers to key posts in the U.S. Department of Education. He has proposed to coordinate the emphasis on reading across all Federal programs and departments.

Legislatures throughout the nation are creating programs to foster reading, and governors are regularly photographed reading to children in preschools. In 1998, Federal law decreed a standard that children will recognize 10 alphabet letters before exiting the Head Start program at age 5 (Head Start Act). In elementary school, standardized tests evaluate every child's reading status.

This national momentum suggests that we should examine infant, toddler, preschool, and family routines with an eye to emergent literacy. Changes in the understanding of literacy development support this exploration. As recently as 25 years ago, people thought reading began in first grade, when children were "ready" for it. Over time, however, that view has shifted. In the 1980s, a few scholars in New Zealand, Canada, and the U.S. began to study the daily activities of families and classrooms to see which

practices provide young children with a foundation for later success in reading. They called these beginnings "emergent literacy" (Schickedanz; 1999; Teale & Sulzby, 1986). About 10 years ago we began to see ads for phonics cards for 2-year-olds. In that climate, the National Association for the Education of Young Children (NAEYC) and the International Reading Association (IRA) issued a joint position statement on developmentally appropriate ways to help young children learn to read and write (NAEYC & IRA, 1998). The statement underscores the many ways that early childhood routines and experiences begin the process of creating readers.

Prompted by the widespread interest in developing initiatives to support reading and school readiness, this article describes foundations of literacy and discusses strategies that early childhood professionals can use to facilitate its development. A number of bridges to literacy can now be built with confidence!

The Basics

Reading emerges after instruction, in children who are well nourished and thriving in safe homes and neighborhoods, in children who are nurtured by strong families who receive the services they need from living in caring communities (NRC and Institute of Medicine, 2000). Learning to read is affected by "the foundation skills of phonological processing, print awareness, and oral language" (Whitehurst & Lonigan, 2001, p. 12). Where these components are lacking, children may be "unready" to begin some of the activities in the kindergarten's literacy curriculum, and they are more likely than other children to be poor readers in the long term (Whitehurst & Lonigan, 2001). The new three-word aim of the U.S. Department of Education's Early Childhood Division in the Office of Educational Research and Improvement underscores the priority of building an adequate foundation for later reading success: relationships, resiliency, and readiness.

Literacy Is a Complex Skill

Learning to read during the school years requires very fine discriminations in sounds, visual symbols, and nuances of meaning. The precursors of these discriminations are developed in early childhood. For example, Marilyn Jager Adams asks, "In what kind of reasonable world would people agree to call a dachshund and a St. Bernard 'dogs,' while calling one of these characters a 'C' and the other a 'G'? To us, the answer is obvious: in the kind of world where people use C's and G's discriminately for reading and writing . . ." (Burns, Griffin, & Snow, 1999, p. 54).

Literacy's vital tasks include the following:

- *Decoding* — to look at squiggles on a page, combine them in the same ways that the writer intended, and pronounce them as words; and
- *Meaning making* — simultaneously, to take those words, both individually and in groups, and give them meanings that match those of the rest of literate society and one's own culture and subcultures.

The two literacy tasks are incredibly complex and, in good readers, interdependent. Indeed, no other species can do these tasks and read. Learning these skills depends upon (a) genetic gifts which almost every baby has, (b) facilitative experiences with people and objects which every young child can have, and (c) cultural values as diverse as America's people.

Bridges to Literacy

Following are meaningful ways that families and communities can promote later academic success for infants and children. The early years should provide the infrastructure to support later learning of specific literacy skills. However, elementary schools may also need to go back to these elements when a child has not experienced them during the early years.

1. Relationships That Include Print

During the early years, reading together is more significant than targeting any specific content or skills. While sitting on a lap, rocking in a chair, or even sprawling side-by-side on the floor with his favorite adult, the toddler builds very positive associations and happy preverbal memories of "reading." The material might be a picture book, the "funny" papers, or a religious storybook, to name just a few possibilities. Unfortunately, the latest statistics reveal that more than 30% of parents say they do not read to their preschoolers, even once a week (National Education Goals Panel, 1999). Thus, sharing routines must be built into group care situations as well as into individual family schedules. With young children, reading times can be very brief, but they must happen every day. Shared reading helps children explore new worlds, laugh across generations, and learn about amazing things as well as ordinary things.

Shared reading also provides security and calms children's restlessness. A provocative example of this is the story of

Cushla (Butler, 1980), an irritable baby who suffered a great deal of pain. Her tired and desperate family calmed Cushla even in her first months of life by pacing and reading the same books over and over again. Not only did holding Cushla and reading the familiar books ease both the child and the adult caregivers, but, in time, the characters in those books became trusted friends of little Cushla and a very real part of her world.

at a glance

- Decoding and meaning making are the two central skills of literacy.
- Families and communities can promote later academic success for very young children through relationships that include print, responsiveness, repetition, modeling and motivation, and oral language.
- Additional bridges to literacy for young children are experiences in the world, with the tools of literacy, with sounds, with decontextualized language, and with writing.
- In young children's play, emergent understandings are integrated, practiced, and tested in a safe environment.

2. Responsiveness

Marilyn Shatz (1994) provides countless examples of responsiveness as she follows her grandson Ricky's interactions from 15 to 36 months. Wherever Ricky tries to go verbally, a loving adult is ahead of him, smoothing the path and making his efforts successful. Ricky learns three things: language is fun, he can do it well, and using words gets results—all important foundations for early literacy. The family's tools for responsiveness are attention, repetition, expansion, and affirmation, always keenly following the child's lead. James MacDonald of the Ohio State University advises, "play ping pong, not darts" (personal communication, 1985).

3. Repetition

One way to be responsive to young children is to develop routines that provide stability in their schedules and underscore family values. Language games or play with board books during diapering, food preparation, dressing, or car trips can be generalized into other activities and settings. Within the familiar structure, children can innovate. Recent brain research shows that repetition of familiar actions and words helps young children form and maintain neuronal connections in their nervous systems (De Boysson-Bardies, 1999). A youngster may seem never to tire of requesting peanut butter and jelly for lunch, milk in the same cup, or the identical bedtime story 25 nights in a row; repeating once an hour the same question; or practicing all day on a one-line TV jingle that drives older siblings crazy. Such repetitions are developmentally appropriate and also cognitively useful, building a physical as well as an affective foundation for later literacy.

Home visitors can use and encourage parents to use certain familiar phrases to cue activities or transitions: "time to choose," "let's have some lunch," or "scrub a dub dub." Families and caregivers can pepper the daily schedule with rhymes and rhythms. Surrounding children with diverse sounds and words, even as we respond to their initiations, prepares a foundation for school-age literacy development.

4. Modeling and Motivation

Family routines like the bedtime story, making cookies each week from a recipe, scanning the TV Guide together to learn what's coming on, or identifying the golden "M" when driving into McDonald's promote language and literacy development. Such routines demonstrate that reading is important in the lives of older people and draws attention to the value of reading for coping with everyday life.

Environments in which toddlers and young children spend time—from home to child care to the church nursery—should abundantly include print in one or more languages at children's eye level. When children draw pictures, their verbal comments should regularly be written on the page and read aloud. People responsible for young children should ostentatiously read and write in their presence and freely draw attention to what they are doing. After all, reading and writing are activities that "big people" do!

Research indicates that by the time children enter kindergarten, most who have been in group care have internalized

the basic components of a story: the protagonist, the setting, the challenge, the reaction, the consequence, and the moral or lesson (Rosenkoetter, 1991). These elements are the framework of most stories. The internalized script for a story helps children gain meaning from new stories they hear. Development of such scripts comes from children's actively hearing and retelling stories frequently, organizing details, and testing hypotheses about outcomes of sequential events (Morrow, 1989). Children who fail to hear stories regularly develop the internal script for stories more slowly, and thus they have difficulty making sense of new stories that they hear. Acting out stories, creating original stories, role playing, and referring to story characters during everyday activities are additional ways to connect prose to daily life (Paley, 1990).

5. Oral Language

One of the most significant ways professionals can support families is to model responsive talking in conversations and play with infants and young children. Similarly, encouraging and demonstrating side-by-side verbal descriptions (also called parallel talk) of work and play activities to children helps them associate language with actions and objects (Weitzman, 1992).

Parents differ greatly in how much they talk with their children. Betty Hart and Todd Risley (1995, 1999) recorded every word and action of 42 parents and their children for 1 hour per month over roughly 2½ years from the beginning of the child's speech until he or she was 3½. The authors found that individual families, whatever their income, were remarkably consistent in how much they talked with their children from month to month across the 2½ years of the study. Race was not a significant factor in how much talking happened in the home. Some families, mostly professionals, addressed 2½ times as many utterances, on average, to their children over the course of an hour as did the families with lowest income. Quantity of words was the distinction between the two groups—not the vocabulary or the grammar or the richness of language when it was exchanged. Because the more talkative families had so many more verbal interactions, however, there were also many more positive and encouraging verbal interactions with their children.

It is important to note that the children spoken to less did learn to talk and eventually to read. However, in later childhood their vocabularies were more limited, their grammars were more restricted, and their total output was also less, continuing on into middle school. Their school performance, including reading, was also at a lower level. The investigators report that the differences were great, and they were durable over time.

According to Hart and Risley (1999): "The most important aspect of parent talk is its amount. Parents who just talk as they go about their daily activities expose their children to 1000-2000 words every hour. . . . What children need is time, not tricks. The data show that the first 3 years of experience put in place a trajectory of vocabulary growth and the foundations of analytic and symbolic com-

petencies that will make a lasting difference to how children perform in later years" (pp. 192-193).

6. Experiences in the World

A reader takes the sounds of known words and compares them with words on the page. Then the reader is ready to put those words with personal experiences to make meaning: "C-A-T, oh, cat!" Experience with cats helps the child to guess the word and the meaning of the word more quickly and then to predict how that animal might behave in a story or nonfiction description.

Sometimes strong personal experiences may actually lead the beginning reader in decoding words. For example, "when my Mama and I go downtown, we take the ____ (bus)." The experience of bus riding leads the reader in figuring out the word "bus," even without "sounding out" the word. The more concepts a child has experienced in her life, the easier these guessing games, called world identification, can become.

Personal experience is critical in finding meaning. For example, every Kansas child among the more than 50 tested by the first author quickly pointed to pictures of "Band Aid" and "birthday candles" when asked to do so. The children also remembered stories about those topics and retold them with great accuracy. Very few of the Kansas 4-year-olds, however, recognized the spoken words "wolf" or "mountain." And — surprise! — stories about those concepts were poorly retold.

Providing and discussing ordinary experiences with toddlers and young children promotes school readiness. Even eating chicken at Grandma's or going to the park offers numerous opportunities to verbally introduce infants and young children to people, objects, and actions they will meet later in print. Watching TV can also assist in building knowledge about the world, if adults and children watch developmentally appropriate programs together and talk about what they see. Cooperative play experiences, such as housekeeping or fantasy adventures, can also help to create foundations for meaning and sequencing in later literacy.

7. Experiences with the Tools of Literacy

The tools of literacy are print in daily life, such as catalogs, newspapers, sale bills, and billboards; picture books and story books of all types; magnetic letters for the refrigerator; writing utensils and writing surfaces of every kind; and, yes, computers, which even 3-year-olds and young children with significant disabilities can use if they have sufficient opportunities and support in learning to operate. We must be sure that our young children and their families are surrounded by the tools of literacy. Sometimes encouraging this exposure just involves gathering and distributing existing resources. Other times it involves assertiveness, for example, to ensure that the Federally funded 21st Century Community Learning Center in the neighborhood school includes young children and their families in computer access activities as well as other citizens of the district.

Every home needs developmentally appropriate books, and every home can have them. Getting a library card and attending the library's story time should be a toddler privilege in every neighborhood, perhaps assisted by a home visitor or

bookmobile. Numerous civic groups, Reading is Fundamental, and corporate sponsors like Pizza Hut will provide books to families as well as schools if home visitors or program leaders make the effort to set up a system for distribution. Adolescent and adult volunteers can be recruited to come to child care centers to read to babies and children. These kinds of activities take organization, but many different people can contribute, because school readiness is every community's issue.

8. Experiences with Sounds

Reading includes pairing visual symbols with sounds. A child who has difficulty learning those connections will have difficulty learning to read. A major recommendation of the National Research Council is that people who work with children from birth to age 6 *purposefully* increase what they do with the sounds of language. Caregivers and family members can read favored storybooks again and again, until the child "reads" the pages from memory. Pictures, graphic symbols, and word sounds become associated.

Research shows clearly that children who are more competent in manipulating the sounds and rhythms of the language become better and more fluent readers (Snow et al., 1998). Playing with rhythms and rhymes daily from the earliest months builds essential auditory competencies for literacy. Word play with similarities ("Tell me a word that starts like 'pig'") and differences ("Let's say 'pig' with a buh sound") help preschool children attend to the sounds or phonemes of the language. Songs that play with language provide delightful practice. One favorite is Raffi's "apples, apples, apples, and bananas," a chant that repeats the same four words again and again, simply changing the vowels: eeples, eeples, eeples and beeneenees; opples, opples, opples and bononos. Favorites for younger children are "Old MacDonald Had a Farm" and "Bingo," plus numerous rhymes drawn from particular ethnic or religious traditions. Even jump-rope rhymes, little ditties made up by caregivers, jingles that use the child's own name, and collections of silly nonsense syllables are useful for encouraging attention to individual sounds. These effective methods build phonological awareness without conducting phonics drills or introducing boredom into the fun of sound play. A more advanced skill for children is phonemic awareness, which involves breaking words into component parts; for example, clapping or hitting a drum once for each syllable in a long word.

9. Experiences with Decontextualized Language

Young children's reality is their own time and place; that is to say, young children are totally contextualized. To become readers, children must begin to imagine times and places that are not physically present. To become writers, children must begin to take the perspective of a nonpresent reader and provide details to transport that reader to the situation being described. These are very difficult skills for children to learn because, cognitively, they are just beginning to develop the ability to take the perspective of another person. We help children by daily telling joint stories about people or places encountered but not currently here; that is, we scaffold children's retelling of an event to a person who was not pre-

sent through comments like, "and where were we when we saw the mouse?" and "Who was it who had a birthday and gave us cake?" When asked questions, children often know the information. They just don't immediately realize that they need to provide context for the events they will recount.

Games like Peek-a-Boo or Hide-and-Seek, played over time, prompt the child to imagine what another person is seeing. A strategy for building decontextualized language in preschool-age children is to share riddles and jokes. They build language skills by forcing the child to try to take the perspective of someone else.

10. Experiences With Writing

Emergent writing proceeds apace with emergent reading. Both involve developing the precursors to competence in more complex literacy skills. Like reading, emergent writing has two parts, the actual formation of letters and words (akin to decoding in reading) and the provision of meaning through word choice and context. Children's first writing is scribbles. Next, often around 18 months of age, comes a combination of drawing shapes to represent objects in the environment and making scribbles to imitate actual linear writing (Ferreiro & Teberosky, 1982). Before children use actual letters, they often break scribbles into "words" by interspersing spaces and inserting dots to imitate periods. First letters include many reversals and lines that overshoot or undershoot their intended junctions. First words fly around the page. They typically consist of "invented spelling"; that is, letters that might be the word as the child "hears" its sounds: "kot" for coat or "fns" for fence. It is recommended to encourage children to write a great deal in preschool and early primary grade with few corrections. Again, greater enjoyment of writing early promotes greater output, gradual movement toward conventionalized spellings, and increased self-confidence (Richgels, 2001). Frequently, this emergent writing approach must be explained to parents who learned to write under a different philosophy.

Writing begins with developing trunk and limb control, postural stability, and fine motor manipulations in the first 2 years of life. First efforts at writing are whole arm movements on big sheets of paper or grocery sacks. Oral story creation with an adult's written transcription can begin with short accounts by 2- and 3-year-olds. Another approach is for adults to write down the words that children say about a picture they have drawn, or a team of three or four children can craft an object or a picture and then dictate a story about it. Daily journal writing by children with picture symbols can begin at age 3 or 4, though their products will bear little resemblance to later journal entries. These practices help young children to realize that written words "stand for" spoken words, and words represent objects or actions or ideas. Children learn that writing and reading can extend one's influence, especially among people who read a great deal.

11. Hypothesis Construction and Testing

To make sense from print, children must combine a number of observations and risk a guess as to meaning. We

help children do this by conversations that ask them to consider various pieces of data and then summarize or make choices. For example, "It rained last night. On our walk today, we've seen lots of robins eating worms. Where did they come from? How could we find out?" or "It's time for lunch and all the forks are dirty. What could we do?"

Play Pulls It All Together.

Although this article divides strategies for emergent literacy into 11 bridges, all come together in the play of the child, where emerging understandings are integrated, practiced, and tested in a safe environment. McLane and McNamee (1990) describe 3½-year-old Molly, who

made a drawing and then used it as a part of a dramatic pretend play production. She drew an "M" shape, which she then turned into a rabbit's face. Using different voices, facial expressions, and gestures, she then transformed this simple drawing into the central character in a pretend play narrative about "Flopsy, the talking rabbit." In using the first letter of her own name as the basis for her drawing-story-drama about one of the characters from Peter Rabbit, Molly was using a culturally agreed upon symbol [the letter M] in a personally meaningful way. Her dramatic production illustrates the richness and variety with which some young children combine drawing, writing, talking, and pretend play to create imaginary worlds and to express personal meaning through the symbols the culture makes available to them. (p. 12)

Adults who can arrange emergent literacy environments and scaffold children's interactions or stories promote children's growth in profound ways that are only beginning to be understood.

Some Challenges in Emergent Literacy

Shirley Brice Heath in *Ways with Words* (1983) demonstrated how differently three American cultures approach language and literacy. Areas of difference likely to have an impact on young children's future literacy and school success include the amounts and kinds of adult-child interaction, the ways important information is passed from generation to generation, the nature of vocabulary employed, the uses of print materials in children's environments, the presence or absence of literacy activities evidenced by older models, and time use by adults. Some families teach their children by verbal discussion and systematic description. Others use physical demonstration or side-by-side working, while others use storytelling. Still others wait for professionals to teach children "school subjects." These preferences are part of larger cultural practices and are passed on from generation to generation. The important actions for emergent literacy are for more competent speakers to share words and print with young children each day and to pair words with their actions and feelings as these occur.

"We don't want to read stories to our children," a parent said. "For my people, it is a waste of time." Well, then, since

the modeling of reading is important to emergent literacy, is there something else that can be read? Maybe a catalog, a calendar, a simple recipe, the place mat at the restaurant, or the directions for assembling a machine? Can a valued family story be made into a children's book? How about creating a book of photos of the family's daily routine with labels such as "eat," "sleep," "play," and "watch TV"?

Another challenge is that many people do not realize that babies benefit from seeing books. Mentors needn't actually read the words in a book to a baby. Shared picture pointing and discussion are helpful to an infant, as are reading signs aloud, playing with words, or mutual recounts of a day's activities. Experts are nearly unanimous in stating that babies should routinely experience shared books as soon as they experience shared talking, that is, during the first weeks and months of life (Butler, 1998; Schickedanz, 1999).

Barriers to Literacy Development

Literacy problems in the primary grades and beyond cross racial, linguistic, and socioeconomic groups, but the children at greatest risk for reading problems in elementary school are those who start kindergarten with weak language skills, poor abilities to attend to the sounds of language as opposed to its specific meanings, deficient letter recognition, and unfamiliarity with the basic purposes and strategies of reading. Failure at literacy is much more common among children in poverty, children of color, children whose primary language is not English, those with preschool hearing impairments, children with preschool language impairments, and students whose parents had difficulty learning to read (Snow et al., 1998). Because school failure is "catastrophic" (Whitehurst and Lonigan, 2001, p. 12) in today's society, it is especially important that young children in these risk groups have access to high-quality, developmentally appropriate emergent literacy experiences prior to effective formal reading programs in the primary grades. It is also important for caregivers to screen young children for delays or disabilities and to refer their families to special services for additional assessment and, perhaps, early childhood intervention (Sandall, McLean, & Smith, 2000).

Learning to read is one task for which the nation is truly saying, "It matters." Now families, communities, and legislators need to work together to build the bridges. 🌉

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- ZERO TO THREE: <http://www.zerotothree.org>

ON RECEIVING THE DOLLEY MADISON AWARD

BETTYE M. CALDWELL

University of Arkansas
Little Rock, Arkansas

On December 1, 2001, Bettye Caldwell received ZERO TO THREE's Dolley Madison Award for Outstanding Lifetime Contribution to the Development and Well-Being of Very Young Children. The text of the award read:

Bettye Caldwell is a woman who is typically ahead of her time—usually by about 30 years. In the early 1960s, she and Julius Richmond studied the experiences of infants and toddlers in low-income families. They concluded that high-quality infant/toddler child care, combined with ongoing support for families, might yield important emotional and cognitive gains for the children. Longitudinal findings from the Syracuse University Family Development Research Program proved them right. And in 1994, Bettye and her colleagues on the Advisory Committee on Services for Families with Infants and Toddlers incorporated these insights into the plans for Early Head Start.

Bettye Caldwell believes that "direct observation is the best way to learn something." Her Home Observation for Measurement of the Environment—known everywhere as "the HOME"—has helped researchers and practitioners alike become keen observers of the elements of a supportive home environment for young children: sensitivity and responsiveness, acceptance, organization, learning materials, involvement, and variety. In the more than 35 years since its original construction, Bettye's HOME has been an open house. In addition to the more than 60 studies that Bettye and her colleagues have produced, more than 300 studies by other researchers have used the HOME.

Bettye Caldwell is a passionate and practical advocate for infants, toddlers, and their families. She knows the power of words. To capture the critical link between child care and education, she coined the term "educare." It's caught on in Chicago and Colorado—stay tuned!

Bettye Caldwell has made outstanding contributions to the well-being of very young children through research, teaching, program

development, advocacy, writing, and speaking, within the United States and internationally. Members of ZERO TO THREE's extended family, as well as the growing infant/family field, honor the impact of her work and the inspiration of her vision.

On receiving the award, Dr. Caldwell made the following remarks.

Twenty Dollars and a Good Cow

Bettye Caldwell

THE first—and the main—thing I want to say in response to those kind words, is thank you. Thank you, and please know how honored I am to receive this award. Receiving such an award from any group would be gratifying, but to receive it from ZERO TO THREE makes it especially meaningful. Since its establishment, the organization has been a beacon of informational and advocacy support for those concerned with the first 3 years of life. I am sure that will continue for many years to come.

And I like getting an award named for a president's wife. In helping to establish and fund a home for the orphans of the War of 1812, Dolley demonstrated many years ago that "it takes a village" to raise a child. Most importantly, she obviously recognized that it was necessary to use whatever influence one had to gain public support for programs that could hopefully rescue otherwise doomed children when their parents weren't able to give them the upbringing they needed. I tried to find out a bit about that orphanage and her continuing role in it, but about all I could learn was that she donated "twenty dollars and a good cow." Obviously she was also concerned about the whole child, as she included nutrition in her gift!



Also, I was struck by the lesson for all of us of how much good can come from a seemingly small contribution.

Receipt of an honor such as this also leads one to ponder and reflect on how it happened. (At my age, one spends a lot of time pondering and reflecting anyway, and such an event merely intensifies the process.) You think about all the people you have worked with who have mentored and helped you and probably deserve the honor more than you do. You reflect on all that you should have done and probably could have done but didn't do—all the opportunities that came your way that you didn't seize. When Dr. Julius Richmond and I began planning the Syracuse Children's Center, a child care program for infants and toddlers, the idea was not only unpopular but actually not allowable (because state regulations prohibited licensing of care for children younger than 3 years). But, on the basis of national demographics and findings from our own research, we were convinced that it was necessary and charged ahead. When I reflect on our temerity in pretending that we knew what we were doing, I am horrified. The situation was not unlike that when a student asks you a difficult question and you ask the class, "Does anyone know the answer to that question?" If no hands go up, you say, "Then I'll answer it." In 1964, I asked everyone I could find with any likelihood of being able to tell us how to set up an infant day care program. When no hands went up, I took a deep breath and said metaphorically, "Then we'll show you."

Of course, it didn't take long until many others gained experience and could share insights and findings with us. It was an exercise in cybernetics, with feedback and reaction from others helping us to change course slightly or significantly. We learned, for example, that despite our repeated assertions that we were concerned with the whole child, that social and emotional development were as fundamental to our efforts as was cognitive development, the field saw us as focusing too much on cognitive development to the detriment of emotional development. In time we managed to correct that impression—partly, I think, through toning down some of my florid rhetoric. Listen to this, which is from the first paper I wrote about the Syracuse Center:

Thus the program is geared to the very young and is designed to provide whatever environmental supplements are needed to *decrease the subsequent visibility of underprivileged children*—to forestall the verbal and motivational deficit which can be observed on the first day of formal schooling and which all too frequently *remains like a symbolic scarlet letter about their necks* until the frequently premature termination of their school careers. (Caldwell & Richmond, 1964, p. 482, italics added)

When Julius Richmond and I began planning the Syracuse Children's Center, a child care program for infants and toddlers, the idea was not only unpopular but actually not allowable (because state regulations prohibited licensing of care for children younger than 3 years). But we were convinced that it was necessary and charged ahead.

Scarlet letter indeed! Do you ever look back on things you wrote a long time ago and wish you hadn't written them? With me, at least, the above paragraph falls in that category.

But back to pondering and reflecting. You also reflect on your growing confidence as you see clinical and anecdotal evidence of positive effects, and on your exultation when formal research results come in and confirm the validity of your efforts. Within the first 2 years of the Syracuse project we had over 1,000 visitors, representing a groundswell of interest in the early years and on models that could supplement parental endeavors to give their children a solid foundation for development. Similar—and undoubtedly better—

programs sprang up all over the country. The Parent-Child Centers, clear antecedents of Early Head Start, became operative. The elegant Abecedarian Project in North Carolina, meeting all the standards of a randomized clinical trial, began its journey. (The granting agency did not allow us to assign subjects randomly; we had to take only "children who were already in substitute care.") The National Center for Infants, Toddlers and Families (ZERO TO THREE) was established and became a light-house for people wanting to work in the field, helping them to avoid the shoals of over-emphasis on cognitive development and to keep their com-

pass on the polestar of social and emotional development. (You can see perhaps that I still have a fondness for metaphor and florid prose.)

And, of course, a great deal of research got under way. As is often the case, for a long time the research was boxed into a narrow cul-de-sac, dealing adversarially with whether infant day care was good or bad for children, was associated with insecure attachments, weakened the family, improved cognitive functioning, etc. But, even so, it was an important era. Between that time and the present, major developments in methodology have occurred, such as the embracing of the ecological model which allows the simultaneous study of family and extra-family influences. Similarly, new research emphases, such as the recent attention to the importance of early experience for brain development, have upgraded the field as a significant area for research and for mining the findings for social policy implications.

In terms of early childhood programs, it is gratifying to note that we have moved beyond the helpful/harmful, family weakening/family strengthening stage. I know of no one concerned with infant/toddler child care who sees it as in any way separate and distinct from the family. Nor do I know anyone who considers it a *substitute* for the family. At best it is a *supplement*, a supplement which can offer developmental benefits only if it is of high quality. For the past 10 years I

have been privileged to be part of the big NICHD Study of Early Child Care (1994). Every now and then someone will ask me the simplistic question, "What have you found in that study?" (We have found a lot, I assure you.) My equally simplistic answer is, nonetheless, quite accurate: *We have found that family characteristics and influences are far more powerful predictors of development than child care.* Which is not to say that child care influences have not been demonstrated; the generalization pertains to proportionality.

I am going to conclude my remarks with a personal story (just as everything so far has been personal). Recently a colleague asked me a question: "Bettye, what have you learned in the last 30 years? What ideas do you still hold on to that you had back then, and which ones have you abandoned?" Now that's quite a question.

At first I sputtered out an answer facetiously saying that the main thing I had learned was that it (undefined) wasn't as easy as I had anticipated. That's my main message to all of you young people in this group: Your "it"—whatever it might be—won't be as easy as you expect it to be. But back to the question. At the time it was put to me, I had begun to think about what I would say on this occasion. Suddenly I remembered a paper I wrote 36 years ago that said a great deal about what I thought at that time about the early years of life and the role of early experience in shaping development. The paper was given in a symposium at the American Orthopsychiatric Association, and I think the title of the symposium was the same as the title of the paper I am referring to—"What Is the Optimal Learning Environment for the Young Child?" Before leaving for San Diego, I searched through my old files and found a copy of the published version of the talk, now quite yellowed with age. I read through it again, liking what I read and asking myself, "Did I write this?" As I got to the end of the paper, I realized that the last two paragraphs specified how I should have answered the question put to me the other day about ideas I have held on to over the years—and also how I should conclude my remarks today. Here is the quote:

Interpretations of research data and accumulated clinical experience have led over the years to a consensual approximation of an answer to the question: What is the optimal learning environment for the young child? As judged from our scientific and lay literature and from practices in health and welfare agencies, one might infer that the optimal learning environment for the young child is that which exists when (a) a young child is cared for in his own home (b) in the context of a warm and nurturant emotional relationship (c) with his mother (or a reasonable facsimile thereof) under conditions of (d) varied sensory and cognitive input. Undoubtedly until a better hypothesis comes

The careful preparation of the learning environment calls for a degree of training and commitment and personal control not always to be found in natural caregivers and a degree of richness of experience by no means always available in natural environments.

along, this is the best one available. This paper has attempted to generate constructive thinking about whether we are justified in overly vigorous support of (a) when (b), (c), or (d), or any combination thereof, might not obtain. . . .

The conservatism inherent in our present avoidance of carefully designed social action programs for the very young child needs to be re-examined. Such a re-examination conducted in the light of research evidence available about the effects of different patterns of care forces consideration of whether formalized intervention programs should not receive more attention than they have in the past and whether attention should be given to a professional training sequence for child-care workers. The careful preparation of the learning environment calls for a degree of training and

commitment and personal control not always to be found in natural caretakers and a degree of richness of experience by no means always available in natural environments. (1967, 19-20)

If I could, I would change that statement in only two minor ways. Under (c) I would add "and father," and I would change the word "caretakers" to "caregivers," the more appropriate designation we now use.

But even with minor semantic differences, and even though I had not re-read those words in a long time, the thoughts contained in the statement have been my creed, my canon, along this 36-year journey. In 1965 I *believed* it. In 2001, I *know* it. And it still guides and sustains me.

I urge each of you to articulate your own canon—the convictions which guide and sustain you in your work. Then get it out and re-read it from time to time, not waiting as long as I did. Check and make certain you are still on target and, if not, what you should do to correct your trajectory. And remember always that a lot of benefit can come from small initial contributions. Twenty dollars and a good cow may not sound like much, but time and our colleagues have a way of enhancing our own small contributions so that they become major forces for good for children and families. And that is basically what we all want to accomplish.

Again, thank you—from my family, from my colleagues over the years, and, most of all, from me. ♦

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LOIS BARCLAY MURPHY CELEBRATES HER 100TH BIRTHDAY

PHOTO: BARBARA YOUNG



On March 23, 2002, Lois Barclay Murphy celebrates her 100th birthday. A pioneering child development researcher, therapist, and teacher, Dr. Murphy may be best known for her studies of individual differences in infants and on coping, vulnera-

bility, and growth, but she is equally beloved for her dedicated consultation to Head Start programs, including those serving infants and parents, in the earliest years of Head Start.

In 1985, Dr. Murphy was awarded ZERO TO THREE's Dolley Madison Award. On that occasion, ZERO TO THREE Founding Chairman Reginald Lourie said, "Lois Barclay Murphy has made many fundamental contributions to the development of our young and their families. She has influenced the lives of millions of children and those responsible for them. As an inspiring teacher, perceptive observer, indefatigable researcher, dedicated therapist, and innovative caretaker, she has opened our eyes and ears, written for us to remember, and always is available to share her wisdom when we need new perspectives."

From 1986-1994, Dr. Murphy wrote a number of outstanding articles for *Zero to Three*. In collaboration with her granddaughter, Colleen Small (also a child development professional), she continues to offer guidance and inspiration to ZERO TO THREE staff and Board members.

Lois Barclay Murphy writes simply and directly. Her eye for detail and her talent for capturing the nuances of very

young children's unique responses to the world are rare gifts. Here is a sampling.

From "Roots of an Approach To Studying Child Development" in T.S. Krawiec, *The Psychologists: Autobiographies of Distinguished Living Psychologists*, Vol. III, *Clinical Psychology Publishing Co., Inc.*, Brandon, VT 1978):

What is psychology? For me, it is the effort to understand people – at any ages – by every means possible. As for child development, this means watching, listening to, playing, and working with children, doing experiments when they are fair and helpful.

I hope that insofar as I am remembered, it would be as a person who persistently explored, described, and tried to conceptualize and communicate positive aspects of children's development in integrated areas... trying to see children in terms of their own ways of experiencing different situations and their own ways of dealing with them. ...

From her remarks on being awarded the Dolley Madison Award in December 1985:

Some researchers start with theories, some of us start with children. . . . I can't let norms strangle our perceptions of each child's uniqueness. . . . I don't want people to make clichés out of my words. All I want is to help them look at each child with fresh eyes, to think what each situation means to the child.

From "Individual Differences in Infants" by Lois Barclay Murphy, Grace M. Heider, and Colleen T. Small (Zero to Three, December 1986, vol. 7, no. 2):

Babies are infinitely individual. We and other investigators have been observing the individual patterns of strengths and weaknesses in babies for 50 years, and are convinced that a descriptive, nonpejorative approach to every infant's strengths, weaknesses, vulnerabilities, and capacities for resilience makes it possible to look at each child in a constructive, balanced way and to support a child's positive resources. . . . We need the picture of average development or norms for a general orientation to what we can expect of infants and toddlers, but rigid adherence to these norms in planning for babies can blind us to the specific needs of individuals.

From "The Baby's World" by Lois Barclay Murphy and Colleen T. Small (Zero to Three, December 1989, vol. 10, no. 2):

The first months and years are a time of sensory delight, discovery, and wonder. . . . Each baby responds to the world in his or her own way. . . . The child's caregivers help the baby to find comfort in the world, encourage or impede discovery, give meaning to experience through words, and sensitively respond to the child's own way of experiencing each object or event.

The early years are the child's years of exploring sensory and motor experiences in every area. Swooshing in mud puddles, making sand pies, drawing on the windowpane with tooth paste or messing with mother's cold cream are expressions of the irresistible drive for tactile experiences. The baby or toddler stretches and turns, looks up and down, to one side and the other when something new catches his eye. He reaches up to catch a sunbeam, and she stretches out her arms, the better to feel the delicious breeze. Only in unusual settings, such as Mammoth Cave, do we see adults using their bodies as flexibly as toddlers do to extend their vision. In the early years, newness constantly confronts the child, and his curiosity is the foundation of learning.

As part of developing feelings of being at home in the world, babies and children feel strongly about their possessions – their cribs, their toys, their pets. The attachment may even extend to familiar objects on the street. When little Al was taken to the country at the age of two, to get away from city heat, he looked around woefully, saying, "No cars, no taxis, no buses, no trucks, no wheels!"

From "Sympathetic Behavior in Very Young Children" by Lois Barclay Murphy (Zero to Three, April 1992, vol. 12, no. 4):

Babies are wired to respond prosocially to a prosocial environment. . . . The circumstances that evoke sympathy expand as the young child gains experience with the world and its woes. A baby I knew well illustrated the

PHOTO: COURTESY OF THE FAMILY OF LOIS BARCLAY MURPHY



relationship between cognitive and empathic development. He ignored his mother's mosquito bite until he himself was bitten. The next time he saw evidence of a bite on his mother, he asked solicitously, "Bite?" This child's love for his mother and their affective attunement were not enough to arouse concern. He needed personal experience in order to understand. He needed understanding in order to empathize. And he needed affective attunement as well as understanding to be concerned about his mother.

To be "professional" is sometimes understood to mean being "objective," systematic, following the rules. But to be a professional caregiver, especially of a baby or young child, necessitates warmth, playfulness, and spontaneity in evoking the interest of the baby and encouraging her responses. The baby who is handled sympathetically is likely to become sympathetic.

From "Hopping, Jumping, Leaping, Skipping, and Loping: Savoring the Possibilities of Locomotion" (Zero to Three, August/September 1994, vol. 15, no. 1):

Some babies do not creep or crawl. They want to be able to see everything, so they have to discover a way to manage locomotion while retaining a large visual area. I was told as a child that I managed locomotion by maintaining a sitting position, extending one leg, and hitching along. I couldn't move as fast as a crawling baby moves, but I could see much more! ♣



WORK IN PROGRESS

QUALITY CARE FOR LOW-INCOME INFANTS AND TODDLERS: A STUDY OF COMMUNITY STRATEGIES

DIANE PAULSELL AND ELLEN KISKER
MATHEMATICA POLICY RESEARCH, INC.

JULIE COHEN
ZERO TO THREE

The work described here has been supported by ACYF Grant #90YE0023/01. Additional information is available on the ZERO TO THREE Web site (www.zerotothree.org) and the Web site of Mathematica Policy Research, Inc. (www.mathematica-mpr.com).

In Fall 2000, ZERO TO THREE and Mathematica Policy Research, Inc. (MPR) obtained funding from the Child Care Bureau of the U.S. Department of Health and Human Services to conduct an in-depth study of collaborative, community-based initiatives designed to improve the access of low-income families to good-quality infant-toddler child care. During the first year of the study, we reviewed the recent research literature, conducted focus groups with child care and Early Head Start staff, and conducted telephone interviews with a range of key informants to learn about the barriers to good-quality care that confront low-income families (particularly in the context of welfare reform) and promising community strategies to overcome these barriers. We are particularly interested in collaborative initiatives and partnerships, including Early Head Start-child care partnerships, that have demonstrated

some success in increasing families' access to good-quality infant-toddler child care. During the second phase of the study, which is just beginning, we will select three communities for more in-depth case studies. We will conduct site visits to these communities to learn more about the pathways taken for developing their partnerships, challenges they have faced, successes they have achieved, and key implementation lessons. The funds from Ewing Marion Kauffman Foundation supplement the Child Care Bureau support this phase of the work and to disseminate lessons learned from promising community strategies in the Kansas City area.

A comprehensive report of the study's findings will be completed by Fall 2002. This "work-in-progress" report summarizes what we have learned during our first year of work and presents emerging themes that we are looking forward to exploring in more depth as our study continues.

Barriers Faced by Low-Income Families Who Need Infant-Toddler Care

In the wake of welfare reform, low-income families with infants and toddlers face significant child care challenges. The barriers to finding

and maintaining high-quality child care for children under 3, as identified in a review of the literature and by child care providers and Early Head Start staff, include:

- **The insufficient supply of infant-toddler child care:** The limited supply of licensed and regulated care for infants and toddlers is well known. We also learned about shortages in specific types of care—part-time care, care during nontraditional work hours, care for children with special needs, and care for sick children.
- **The shortage of good-quality infant-toddler care:** Many studies have found that a large fraction of infant-toddler care is of mediocre or poor quality and generally of lower quality than the care available to older children. In some communities, high-quality settings have long waiting lists and may not accept subsidies.
- **The high cost of care:** Child care expenses are often the second or third largest item in a low-income family's household budget. Even families receiving child care subsidies may find it difficult to afford good-quality care if providers' rates exceed the state reimbursement level.
- **Difficulties accessing and maintaining child care subsidies:** There is not enough funding available to serve all families eligible for state child care subsidies; many income-eligible children do not receive subsidies. In addition, some eligible families have trouble getting and keeping state subsidies for reasons that include a lack of information about subsidy availability, transaction costs, administrative barriers, structure and level of co-payments, and limited availability of providers who accept subsidies.
- **Difficulties accessing consumer information about child care availability and quality:** States face constraints in providing adequate consumer infor-

mation, and low-income families who are not linked to the welfare system may find access to information especially difficult. We learned that some low-income families are affected by language barriers and lack of information about the quality of child care arrangements.

- **Lack of transportation:** Many low-income parents do not have cars and live in neighborhoods or rural communities that are underserved or unserved by public transportation. In some communities, buses do not operate in the evening, limiting options for care during nontraditional hours.

Initiatives to Increase Access to Good-Quality Infant-Toddler Care

During the past decade, the Federal government, states, and communities have initiated a wide range of efforts to expand child care supply and improve the quality of care. Not all of these strategies focus specifically on infant-toddler care, nor do they all focus on low-income families. Nevertheless, it is useful to keep these efforts in mind as a context for focusing on infant-toddler care for low-income families.

- **Child Care and Development Fund (CCDF):** The Personal Responsibility Work Opportunities Reconciliation Act (PRWORA) created CCDF, the primary Federal child care funding stream. This initiative combined four Federal child care programs into a single block grant to states, increased Federal funding, and gave states more flexibility in spending the funds. CCDF also requires states to set aside 4% of their grant for quality improvement and additional funds for improving the quality of infant-toddler care. Within broad limits, states have flexibility in setting income eligibility requirements, fee sched-

ules for parent co-payments, and provider reimbursement rates.

- **State initiatives to promote local planning:** Several states, including California, Iowa, and North Carolina, have developed initiatives to plan and coordinate early childhood services at the local level. These states provide a broad structure and resources to local planning boards, which plan and implement services based on community needs and resources.



PHOTO: JANET BROWN MCCORMICK

- **Initiatives designed to increase supply:** States and communities have implemented initiatives to increase the supply of regulated child care, such as supporting new family child care providers, developing new child care facilities, and offering tiered reimbursement rates (from CCDF funds) to increase the supply of certain types of care (for example, infant-toddler care and care during nonstandard work hours).
- **Initiatives designed to improve quality:** Strategies for improving quality of care include provider training and education, technical assistance initiatives, support networks for nonregulated "kith and kin" providers, support for obtaining accreditation, Early

Head Start-child care partnerships, tiered reimbursement rates that pay more for higher-quality care, and public rating systems that identify high-quality providers.

- **Public-private partnerships:** Community efforts to finance child care services through public-private partnerships include loan and grant programs, corporate tax incentives, and referral assistance.

Strategies for Building Early Head Start-Child Care Partnerships

Although we identified a number of strategies that states and communities are using to expand and improve child care quality and supply, not all of them focus specifically on infant-toddler care and care for low-income families. In addition, in some communities, the initiatives did not appear to be well coordinated. Early Head Start-Child Care Partnerships, however, are good examples of initiatives that target both the need to improve quality and supply for low-income families and the need to focus on access and quality specifically for infant-toddler care.

Since the first Early Head Start programs were funded in 1995 to serve low-income pregnant women and families with infants and toddlers, families' child care needs have increased dramatically. Because of the time limits and work requirements implemented as part of the welfare reforms of 1996, most low-income parents with infants and toddlers must work or participate in work-related activities. The Head Start Bureau expects Early Head Start programs to take responsibility for helping all enrolled families who need child care to find child care arrangements. Moreover, programs must ensure that these child care arrangements, whether provided in a program-operated child care center or through a community child care provider, adhere to relevant ele-

ments of the Head Start Program Performance Standards (HSPPS).

Through our exploration of state and community strategies in Year One, we found few initiatives that focused as intensively as the Early Head Start-child care partnerships on helping low-income families find and pay for good-quality child care for their infants and toddlers. Thus, in Year One, we took an in-depth look at these partnerships. The experiences of the Early Head Start-child care partnerships can provide useful information for policymakers and program operators who seek to implement similar partnership or community collaborative strategies to help low-income families access good-quality infant-toddler child care. We also found that most of the Early Head Start-child care partnerships we examined were collaborating not only within the partnership, but also with community child care resource and referral agencies (CCR&Rs), community colleges, health-related initiatives (for example, Healthy Child Care America projects), or other community agencies. Other initiatives and partnerships seeking to expand families' access to good-quality infant-toddler care might also benefit from these community resources.

To meet families' child care needs, many Early Head Start programs have developed partnerships with child care providers in the community that agree to work toward meeting the performance standards. The partnerships, which develop in response to families' child care needs, community characteristics, and available resources, vary from one community to another. They operate under a range of staffing configurations, agreements between programs and child care providers, and financial arrangements. They also vary in the intensity of support and technical assistance child care providers receive from Early Head Start programs. These differences influence the implementation challenges that

arise and the successes that partnerships have been able to achieve.

We identified three main types of partnerships: (1) subsidy enhancement partnerships, (2) comprehensive partnerships, and (3) technical assistance partnerships (see Table 1). These three categories are defined by the types of partnership agreements used, the level of financial support provided, the level of technical assistance and training offered to providers, and the extent to which partnerships can prevent interruptions in child care placements that are due to temporary interruptions in state child care subsidy eligibility. Some Early Head Start programs have developed more than one of these types of partnerships with different child care providers.

Subsidy enhancement partnerships are the most common type of partnership we encountered. Many programs have partnered with community child care providers who agree to collect the state child care subsidy and, in some cases, parent co-payments and use supplemental funds from Early Head Start to work toward compliance with the HSPPS. Child care providers typically use these funds to reduce group sizes and child-staff ratios, enhance their curricula, purchase developmentally appropriate toys and equipment, support teachers in obtaining Child Development Associate (CDA) credentials, and make other changes necessary to comply with the HSPPS.

We classified state-funded Early Head Start programs in Kansas and Missouri as *comprehensive partnerships*. These states provide existing Early Head Start grantees with funding for programs that are identical to the Federal Early Head Start program, except that child development services must be provided through community child care providers. These state grants provide the funds necessary to cover the cost of full-day child care that meets the requirements of the HSPPS, as well as funds for Early Head Start staff who support the partnerships. Comprehensive partnerships differ from subsidy enhancement partnerships primarily in that they pay the full cost of the contracted slots, rather than combining enhancement funds from Early Head Start with state child care subsidies. Often, they also provide more intensive support to child care providers than the enhancement partnerships.

Although a number of Early Head Start programs told us that they initially formed *technical assistance partnerships*, most eventually switched to subsidy enhancement partnerships. These programs increased the financial support they offered child care partners in recognition of the additional costs associated with meeting the HSPPS. A few programs we interviewed have developed a set of subsidy enhancement partnerships through which they contract for slots, as well as a set of technical assistance partnerships.



PHOTO: JANET BROWN MCCracken

These technical assistance partnerships have been developed with a group of providers who care for Early Head Start children (often kith-and-kin providers or other providers that families have found on their own) but who do not meet the program's quality standards for establishing more formal partnerships and contracting for slots. Some programs have obtained other funding sources, such as state grants, to fund these supportive partnerships.

Staffing the Partnerships

As Early Head Start programs develop partnerships with child care providers, program staff play a key role in supporting providers' efforts to improve quality and comply with relevant performance standards. These staff are involved in all aspects of the partnerships — from recruiting providers and developing contracts with them to offering technical assis-

tance, support, and training to child care teachers. Almost all programs designate provider liaisons to serve as the primary contact with providers. The Early Head Start directors we interviewed valued three key attributes of provider liaisons: (1) strong interpersonal skills, (2) relevant education and training, and (3) credibility in the eyes of providers. Other Early Head Start staff, such as family advocates or disabilities specialists, supplement the support offered to child care partners by the provider liaisons. In addition, some partnerships bring in staff from other community agencies to support child care providers.

Selection of Child Care Partners

The Early Head Start programs we studied took three main approaches to selecting child care partners:

- Some programs sought the highest-quality child care providers

in the community to care for Early Head Start children and screened potential partners using a variety of tools, including the Infant-Toddler Environment Rating Scale (ITERS), the Family Day Care Rating Scale (FDCRS), or a screening tool developed by the program.

- Some programs actively worked to expand the supply and improve the quality of infant-toddler care in their communities, while ensuring that Early Head Start children received care that met the requirements of the HSPPS. These programs formed partnerships with providers even if the quality of care they provided was not initially high, as long as they were willing to work toward compliance with the HSPPS and accepted support and technical assistance from the program.

TABLE 1:
KEY CHARACTERISTICS OF EARLY HEAD START CHILD CARE PARTNERSHIPS

Partnership Characteristics	Comprehensive Partnerships	Subsidy Enhancement Partnerships	Technical Assistance Partnerships
Partnership Agreements	Formal contract for specific number of slots that meet the Head Start Program Performance Standards (HSPS)	Formal contract for specific number of slots that meet the HSPS	Partnership agreement that specifies steps the provider will take to meet the HSPS. Programs do not contract for specific numbers of slots.
Level of Financial Support	Program pays a per-child rate to cover the full cost of care. Additional costs of meeting the HSPS are covered, such as extra staff needed to meet ratios, Child Development Associate credential (CDA) training (cost of courses, compensation for teachers while they attend classes, compensation for substitutes), bonuses for qualified teachers to improve retention, equipment, and renovations.	Program pays a per-child rate to supplement the state child care subsidy and parent copayments collected for each child or an agreed-upon portion of staff salaries. Supplemental funds for additional costs of meeting the HSPS are common, such as CDA training, teacher bonuses, and equipment.	Financial support is limited. Per-child supplements to state subsidies and parent copayments are minimal. Purchase of equipment and supplies is limited.
Technical Assistance and Training	Support from Early Head Start is intensive. Usually includes weekly visits to the provider, CDA training, individualized staff development plans, assistance with curriculum development, and financial incentives to encourage compliance with the HSPS.	Support from Early Head Start is intensive, but usually includes fewer financial incentives.	Regular technical assistance and support is provided, but provision of CDA training, equipment, and supplies is limited.
Safeguards Against Interruptions in Care	Families receive services as long as they are eligible for Early Head Start. Continuity of children's child care placements is not jeopardized by temporary loss of eligibility for state child care subsidies.	To receive services, families must be eligible for Early Head Start services and state child care subsidies. Continuity of children's child care placements is jeopardized by temporary loss of eligibility for state child care subsidies, but partnerships can often maintain the placements in the short term.	To receive services, families must be eligible for Early Head Start services and state child care subsidies. When families lose their child care subsidy and cannot afford to pay for the care, children often lose their child care slots.

SOURCE: Focus groups and individual interviews with Early Head Start staff, child care partners, Head Start and Child Care Bureau staff and technical assistance providers, and other staff from other community programs that support the partnerships.

- Because they did not have enough resources to contract with providers for specific slots, programs that formed technical assistance partnerships often waited until families found child care arrangements, then tried to form partnerships with the providers families selected. In general, programs found this strategy challenging to implement.

Partnership Agreements

Formal partnership agreements are central to the Early Head Start-child care partnerships. They document in writing the expectations of both partners, the resources that each party will bring to the partnership, and the activities that each party agrees to carry out through the partnership. Often, they represent the culmination of an in-depth decision-making process about whether to go forward with the partnership and a negotiation phase in which the specific terms of the partnership are decided. Partnership agreements vary in formality and level of detail. Typical partnership agreements describe the resources that the Early Head Start program will provide to the child care partner and the quality standards that the provider agrees to meet.

Resources

The financial aspects of the partnership agreements we studied varied according to the type of partnership formed. Comprehensive partnerships usually specified the rate that Early Head Start programs would pay for each slot, the payments programs would provide for other expenses like CDA training, and, when offered, the incentive payments available to providers that achieved certain benchmarks. Many agreements for subsidy enhancement contracts were similar, except that the provider usually agreed to collect the state child care subsidy and, sometimes, a parent copayment for each child. Agreements for technical assistance contracts often included fewer financial

arrangements. Specific payments per child were minimal. Financial rewards for providers — such as minimal per-child payments, purchase of supplies or equipment, or payment for teachers to attend training — were usually provided as an incentive for taking steps toward meeting the HSPPS, rather than as compensation for care provided to specific children

Standards

The main goal of the Early Head Start-child care partnerships is to ensure that the combination of services provided by the program and the child care provider meets the requirements of the HSPPS. Thus, most partnership agreements focus heavily on the HSPPS and how the partnership will achieve compliance with them. Almost all agreements state that providers must meet or work toward meeting relevant standards, and many outline the specific standards the child care partners must meet. Partnership agreements typically cover health and safety standards, child-teacher ratios and group sizes, teacher qualifications, child development services, communications with parents, and nutrition services.

Technical Assistance and Support

Early Head Start programs in the partnerships we examined provided substantial technical assistance and support to their child care partners during regular visits — which could occur as often as weekly. During these visits, provider liaisons assessed quality and adherence to the HSPPS, worked on goal plans with providers, provided on-site technical assistance and hands-on training, and worked with providers on curriculum and lesson planning. Liaisons sometimes brought in other program or outside experts — such as nutrition, health, or disabilities specialists — to support the child care partners.

Training for Child Care Teachers

In the partnerships we examined, Early Head Start programs helped

child care teachers obtain a CDA credential (if they did not already have one or a higher degree) and participate in other training. In a typical partnership, the provider liaison worked with each teacher to develop an individual staff development plan that identified training needs and described plans for meeting those needs. Programs helped teachers access CDA classes and other training by providing them directly or helping teachers enroll in community colleges or agency-provided courses. Programs tailor training to providers' needs by offering training during evenings and on weekends, providing substitute teachers to relieve teachers of their duties during training, providing CDA courses in Spanish, and providing CDA training through independent study.

Help With Materials, Equipment, and Renovations

Most Early Head Start programs we examined provided their child care partners with developmentally appropriate toys and equipment. Some provided consumable supplies (such as plastic gloves for changing diapers), shelving, and minor renovations. Many programs purchased materials and equipment for providers based on an initial assessment of their needs, then supplied additional items as incentives for continuing progress in meeting the HSPPS. Several of the partnerships we examined also helped with minor renovations needed to comply with the HSPPS.

Financing the Partnerships

State child care subsidies are not sufficient to cover the cost of child care that meets the performance standards. Early Head Start grants usually do not provide enough funding to cover the comprehensive child and family services that the standards require and full-day, full-year child care. Early Head Start-child care partnerships must draw on multiple funding sources to meet families' child care needs and comply with the perfor-

mance standards. The following funding sources are typically used:

- **State Subsidies:** Most partnerships studied combine state child care subsidy funds and Early Head Start funds to pay for child care. Typically, a provider agrees to collect the state child care subsidy payment, and in some cases a co-payment from parents. In recognition of the additional costs associated with the HSPPS, the program provides enhancement funds to supplement the subsidy.
- **Other State Sources.** Some states draw on other sources to fund the partnerships. For example, Kansas uses Temporary Assistance for Needy Families (TANF) transfers to fund Early Head Start services provided through partnerships with community child care providers. Missouri funds a similar program with TANF transfers and revenue from taxes on gambling. Nebraska has used a portion of its CCDF infant-toddler set-aside to fund technical assistance partnerships.
- **Private Sources.** Partnerships received limited funding from private sources. Some used private funds to pay for a training component or to temporarily cover child care costs when families lost eligibility for state subsidies. However, none relied on private sources for a significant portion of their funding.

Emerging Themes and Next Steps

The experiences of Early Head Start programs and child care providers in developing and sustaining their partnerships can provide valuable insights for others who seek to implement similar collaborative community strategies to help low-income families with infants and toddlers find and pay for good-quality child care. Staff of the Early Head Start-child care partnerships we studied were able to point to progress in a number of specific areas. While not achieved in

all of the partnerships we examined, the successes identified here illustrate the potential of partnerships to improve low-income families' access to good-quality infant-toddler care.

- **Improving quality**, as measured by reduced child-teacher ratios and group sizes; enhanced professional development of child care teachers; more developmentally appropriate practices; greater continuity of care; licensing of informal providers; and improved care for non-Early Head Start children.
- **Expanding supply and improving access** through creating new infant-toddler slots, providing an organized system for helping low-income families find and pay for good-quality care, and providing bus transportation if necessary.
- **Getting more resources for child care providers** in the form of funds, developmentally appropriate toys and equipment, and technical assistance and support.
- **Increased community collaboration**, either in the form of new relationships with community agencies or movement toward a comprehensive system of support for child care providers.
- **Building community awareness of early childhood issues**, with emphasis on the importance of good-quality infant-toddler child care and the resources required to provide such care.

Our first year's research also uncovered enduring challenges that continue to confront the partnerships. The experiences of the partnerships we studied indicate the types of challenges similar initiatives in other communities may face. Among these are:

- **Improving quality and complying with the performance standards**, especially when there were significant differences between the state licensing requirements and the performance standards or differences in the philosophy and organiza-

tional cultures of partners. High teacher turnover in some communities made obtaining CDA credentials for all teachers challenging. The cost of improving quality and complying with the performance standards was also a barrier for some partnerships.

- **Achieving and maintaining continuity of care** in the context of child care staff turnover, subsidy eligibility issues, and transitions out of Early Head Start.
- **Matching child care arrangements to families' needs**, including the need for care during nonstandard work hours and conveniently located care.
- **Staffing issues**, including staff supervision across partners and maintaining high morale among provider liaisons.

In the next phase of the study, we will develop in-depth case studies of collaborative infant-toddler child care initiatives in three diverse communities. We will include Early Head Start-child care partnerships, as well as other community-based initiatives and partnerships. Through these case studies, we expect to explore the emerging themes described in this interim report in more depth and to identify new themes. Based on these themes, we will formulate operational lessons that can inform the decisions of a wide range of policymakers and program operators as they seek to help low-income families access good-quality child care for their infants and toddlers.

Resources to consult:

- The Children of the Cost, Quality and Outcomes Study Go To School. www.fpg.unc.edu/NCEDL/PAGES/cq.htm
- From Neurons to Neighborhoods: The Science of Early Childhood Development. www.nationalacademies.org
- Access to Child Care for Low-Income Working Families. www.acf.dhhs.gov/news/press/1999/ccreport.htm

YOUNG CHILDREN, MEDIA, AND PHYSICAL DEVELOPMENT

To the Editor:

I waited with great anticipation for your recent issue *Babies, Toddlers & the Media*. It is a topic of serious concern and popularity with parents in both my private dance movement psychotherapy practice and during the parent and child creative movement classes I teach. Your timely issue is filled with important information. In reading it from cover to cover, I found a few themes seemed to prevail. Most significantly for me, were the constant concerns regarding how the lack of physical exploration and social interaction – largely due to the primarily sedentary and solo, self-directed aspects of the medium – may effect the young child's social, cognitive, and physical growth. Addressing these social concerns, Kyle Pruett states "It is the response of other humans that makes us human, not 'interactive' imagery." In essence, virtual interaction does not replace live interaction!

Along related lines, a recent *New York Times* article that debated the necessity of crawling stirred physical developmental concerns. The article concluded that the recent increasing phenomenon of young children missing the crawling stage could perhaps be a new evolutionary development. This caused great response from concerned mothers and early childhood professionals. The expanding use of baby apparatus which props babies in static positions was cited as potentially inhibiting, creating a lack of free movement exploration. Future implications were suggested regarding difficulties with visual motor and fine motor skills necessary for classroom performance, including attending, reading readiness, and writing.

As a movement analyst, I spend my days observing how children and their parents express themselves through their body actions. I learn a

great deal about how these dyads relate to each other and how effective the child feels in her environment, by watching how the child navigates her actions with her caregiver, through her surroundings. A child's ability to organize and regulate her body movements impacts both how she attends and interacts with others, and engages in activities within the larger social group. I am particularly taken by the young children, 18 to 36 months old, who respond with such joy and enthusiasm in the creative dance environment I set up, which fosters their own self-expressive explorations rather than responding to directed routines.

My own research has guided me to explore how the social interactive aspects of nonverbal physical interactions impact not only communicative and language development but the attachment relationship as well. I have been very influenced by the research of Thelen, who advocates that spontaneous movement explorations are necessary for all developmental domains.

Zero to Three focused on young children's movement and dance/movement therapy in 1994 – perhaps it's time for another issue devoted to movement! I feel that parents and professionals working with young children need clarity about the important role physical development plays in social/emotional, cognitive, and communicative development. These days many parents fill their children's schedule with directed activities. They are responding to the pressures of marketing and their own concerns about their child's future achievements. As David Elkind observes in *The Hurried Child*, anxious parents driven by an increasingly competitive economy fuel the increased pressure toward early academic training. However, the process of learning about the world and the things in it is a "time-consuming and intense

process that cannot be hurried." I would like to add that, especially during these early years, learning requires the freedom of self-exploration that occurs primarily through active physical engagement with the people and objects of the world.

Suzi Tortora, Ed.D., A.D.T.R.
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PREPARING CHILDREN FOR PARENTHOOD To the Editor:

I challenge ZERO TO THREE and I Am Your Child to set aside old thinking and move boldly toward the one endeavor that is the absolute limit of proactive programs for helping children and families over the long term. You simply can't get more proactive than teaching good parenting skills to children in an effort to prepare them for the awesome responsibilities of parenthood.

Here are some truths that seem to suggest this would be a good idea.

1. The quality of any community has much to do with the quality of the parenting happening in the homes within the community.
2. Generally speaking, children raised by parents who have good parenting skills become responsible, caring, competent citizens.
3. Generally speaking, children raised by abusive and/or neglectful parents or parents who just have poor parenting skills become emotionally crippled and sometimes dangerous citizens.
4. Parenting skills, both good and bad, are frequently passed from one generation to the next.
5. It is very difficult to identify and "repair" parents who have poor or criminal parenting skills. There are numerous psychological, practical, and logistical obstacles and roadblocks that prevent broken parents from being "repaired."

Given the above, we may be more successful preparing children for the crushing responsibility of parenting than trying to fix broken parents who may have already done considerable damage to their children. Doesn't it make sense to teach good parenting skills to children in an effort to prepare them to be great parents, the most important job they will ever have? Teaching good parenting skills to children offers us an opportunity to break the cycle of

bad parenting being passed repeatedly from generation to generation. If good parenting skills were taught to children as a matter of course, over a period of years the quality of citizens populating our communities might improve dramatically.

I am an elementary school teacher and an active advocate of the idea of teaching parenting skills to children. I am working here in Bakersfield with churches, commu-

nity organizations, and schools. My dream is to make Bakersfield a model for the rest of the state and nation, a city that works collaboratively to bring the teaching of parenting skills to all of its children. Thank you for the opportunity to voice my opinion. Contact me if you would like more details.

David Dooley
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VIDEOTAPES

Attention To Each Other: Infant and Adult During the Bath.

Produced by Pikler-Loczy Association for Infancy, Emmi Pikler Institute, Budapest, Hungary. Available from Child Development Media, Inc., 5632 Van Nuys Blvd, Suite 286, Van Nuys, CA 91401. Tel. 800-405-8942. FAX: 818-994-0153. Web site: ChildDevelopmentMedia.com. 37 min. Purchase \$120 plus shipping and handling.

This video demonstrates how the act of bathing a child provides a unique and important opportunity for the development of love and communication between adult and child. During bathing, the infant experiences reality through his relationship to the adult, and this relationship in itself becomes an object of interest to him. The infant switches his attention from his surroundings to the adult and back again, and from the words and actions of the adult back to his own body. The child discovers both his own expectations and desires and those of the adult. The video includes scenes, without voice-over, for observation and study.

Conversations in Rhyme.

Produced by Elizabeth and Joe Semans, New Wrinkle, Inc. Available from Child Development Media, 5632 Van Nuys Blvd, Suite 286, Van Nuys,

CA 91401. Tel. 800-405-8942. Fax 818-994-0153. Web site: ChildDevelopmentMedia.com. 20 min. \$65 plus shipping and handling.

This program documents the pleasure, comfort, and benefit of folk games and songs from African-American, Scots-Irish, Norwegian, Anglo-American, Greek, Italian, and Yiddish-Russian cultures. The video has five distinct sections: *Kisha's Song* records a lullaby sung to an infant by an elderly black woman as the infant settles into sleep; *Roon About* shows an elderly Scots-Irish man demonstrating finger plays to a young boy; *Rooster, Hen, Pullet* shows face games between a young black woman and several children of different ages; *Ride the Horsie* shows knee riding between a middle-age man and a young boy; and *Pittsburgh Songs* shows an assortment of different rhymes and childhood games remembered by people of various ethnic groups. The program encourages viewers to recall games and songs from their own childhood.

Family-Guided Activity-Based Intervention for Infants & Toddlers

Produced by Juliann J. Woods. Available from Child Development Media, Inc., 5632 Van Nuys Blvd,

Suite 286, Van Nuys, CA 91401. Tel. 800-405-8942. FAX: 818-994-0153. Web site: ChildDevelopmentMedia.com. 20 min. Purchase \$40 plus shipping and handling.

This video takes viewers into the homes of very young children with special needs to show how families use natural learning opportunities like folding laundry, playing with toys, and mealtimes to enhance children's cognitive and motor development, address IFSP or IEP goals, and maintain family togetherness. The video is designed for professionals who are interested in improving child learning and development through family interactions.

My Parents, My Teachers Baby Kit.

(English and Spanish) Produced by El Valor. Available from ZERO TO THREE, 2000 M Street, N.W., Washington, DC 20036-1013. Tel. 800-899-4301. Fax 202-638-0851. Web site: www.zerotothree.org. Spanish segment 16 min. English segment 17 min. Purchase \$35 plus shipping and handling.

This bilingual video shows parents the importance of enriching children's experience from birth onward. The video shows families during everyday routines (feeding,

bathing, and diapering) as they talk, play, read and sing to their babies and toddlers. These are powerful activities that form millions of connections in the brain that help a young child learn faster throughout life. Drs. Gustavo Orazá and Alicia Lieberman provide commentary.

The Next Step: Including the Infant in the Curriculum

(2001). Produced by California Department of Education and WestEd (California Department of Education, CDE Press, Sales Office, P.O. Box 271, Sacramento, CA 95812, 800-995-4099, cgillgra@cde.ca.gov). 22 minutes. \$65.00 plus shipping and handling.

This video is the Program for Infant/Toddler Caregivers' latest on the topic of what infants are learning and how caregivers can support this learning. The video begins with a brief discussion of the debate over curriculum, lesson planning, and teaching skills versus following the lead of the child. On their own, infants actively seek to develop competency in what the video refers to as four courses: Physical Development 101, Social Relations 101, Language Development 101, and Intellectual Development 101. Mastery of these courses is the foundation for developing the physical, social, language, preliteracy, and premath skills children will need to succeed in school. The second part of the video shows the crucial role of the caregiver as a sensitive facilitator who presents learning opportunities that fit with the child's curricula by adapting environments and interactions to meet the needs of each child in the moment and from day to day, supporting practice and repetition, and appropriately expanding learning when the child is ready for the next step.

Parents, Kids & Mother Goose.

Produced by the Parent-Child Mother Goose Program, Toronto, Ontario, Canada. Available from Child Development Media, Inc., 5632 Van

Nuys Blvd, Suite 286. Van Nuys, CA 91401. Tel. 800-405-8942. FAX: 818-994-0153. Web site: www.ChildDevelopmentMedia.com. 27 min. video with Information Kit, Training Manual and three books of interactive rhymes. The set, \$150 plus shipping and handling.

This video introduces the Parent-Child Mother Goose Program, a supportive group experience which focuses on the benefits of using rhymes, songs, and stories with babies and young children. The Program was initially developed to help high-risk mothers, those with children who were in danger of neglect and abuse, develop basic components of attachment. In the Program, rhyme, songs, and stories serve as catalysts to help parents bond with and nurture their children.

The Road to Reading . . . Early Steps to Help Children Become Readers.

Produced by Kern Murch Productions. Available from Child Development Media, Inc., 5632 Van Nuys Blvd, Suite 286. Van Nuys, CA 91401. Tel. 800-405-8942. FAX: 818-994-0153. Web site: www.ChildDevelopmentMedia.com. 29 min. Purchase: \$90 plus shipping and handling.

This video shows accessible, informal, everyday activities that expose children to literacy. Many strategies are presented and the emphasis is on variety, constancy, and enjoyment. Parents and children provide the expert voices in this video with comments from a variety of educators, child care consultants and librarians. Resources available to families from teachers, child care providers, libraries, and librarians are reviewed.

Sleep Like a Baby: What Every Parent Needs to Know About Babies and Sleep.

Produced by and available from INJOY Videos, 3970 Broadway, Suite B4, Boulder, CO 80304. Tel. 800-326-2082. Fax 303-449-8788. Web site www.injoyvideos.com. 20 min Purchase

\$150.00 plus shipping and handling.

This video educates parents about the two most popular infant sleep methods: self-soothing and co-sleeping (also called the family bed approach.) All information is presented without advocating either philosophy. Sleep specialists and child development experts offer support and advice to help new parents create their own effective sleep strategies.

PUBLICATIONS

Infant Development: Ecological Perspectives

(2002) Hiram E. Fitzgerald, Katherine Hildebrandt Karraker and Tom Luster, Editors
(RoutledgeFalmer, 29 West 35th St., New York, NY 10001) \$95.00.

The focus of this volume is the context of development – the factors that structure developmental pathways and that maintain or change the individual's travel along that pathway – as well as the implications of an ecological view of development for parents and policy makers. Individual chapters examine, among other issues, ecological influences on mother-infant relationships, the caregiving practices of adolescent mothers, child care and maternal employment, the role of fathers, origins of addictive behavior, exposure to violence, and the policy environment as a context for infant development. In addition to the editors, contributors include, among others, Laura Bates, Martha Farrell Erickson, Emily Fenichel, Jon Korfmacher, Jacqueline Lerner, Joy D. Osofsky, Lori Roggman, and Amy R. Susman-Stillman.

Infancy in America: An Encyclopedia

(2001) Alice Sterling Honig, Hiram E. Fitzgerald and Holly E. Brophy-Herb, Editors.
(ABC-CLIO, Inc., 130 Cremona Drive, P.O. Box 1911, Santa Barbara,

CA 93116-1911). \$185.00 (two volumes). Also available as an e-book – see www.abc-clio.com.

In this two-volume, 768-page illustrated encyclopedia, 30 authors have written entries, ranging alphabetically from “abortion” through “zone of proximal development,”

that are designed to help translate the cumulative knowledge of infancy and early childhood to students, parents, and parents-to-be. Entries discuss concepts (e.g., engrossment, infant stimulation); fields of practice (e.g., early intervention, child care); medical and developmental terms

(e.g., biobehavioral state, exploratory behavior); and leaders in the field (e.g., Robert Emde, Selma Fraiberg). Individual entries direct readers to additional resources and an extensive bibliography. Appendices provide information about Internet sources, books, and videos.

DEVELOPMENTAL MILESTONES

Richard S. Atlas has joined the **Board of Directors of ZERO TO THREE**. A graduate of UCLA and the Harvard Graduate School of Business, Atlas spent almost 27 years with Goldman, Sachs & Co., retiring as a General Partner in 1994. In 1985, Richard and Lezlie Atlas established the Atlas Family Foundation to support community-based programs dedicated to the prevention of psychological disturbances in young children through education, training, early intervention, and consultation with parents, children, families, and child care professionals.

Kathryn E. Barnard, a member of the ZERO TO THREE Board of Directors, has been appointed the Charles and Gerda Spence Endowed Professor in Nursing at the University of Washington School of Nursing. Barnard — a professor in the Department of Family and Child Nursing, adjunct professor of psychology, and research affiliate of the Center on Human Development and Disability — is well known for her research on the ecology of early child development. Under her leadership, the Center on Infant Mental Health and Development was created last year as a partnership with the University's Center on Human Development and Disability and School of Nursing.

An anonymous donor has awarded a \$900,000 grant to ZERO TO THREE to help expand the reach and impact of our newly launched **Center for Infant/Family Policy**.

The Center will raise the visibility of very young children and their unique needs among policymakers and advocates at the Federal and state levels.

The Atlas Family Foundation, California Early Start Department of Developmental Services, The California Endowment, The David and Lucile Packard Foundation, and National Institute of Child Health and Human Development (U.S. Department of Health & Human Services) were sponsors of ZERO TO THREE's 16th National Training Institute. Support from sponsors enabled ZERO TO THREE to expand the NTI program and facilitate the attendance of important new groups of infant/family practitioners and decision makers.

The Child Care Bureau in the U.S. Department of Health and Human Services (Administration for Children, Youth and Families) has awarded a second year continuation grant of \$200,000 to ZERO TO THREE for a research study on *Quality Care for Low-Income Infants and Toddlers: A Study of Community Strategies* (see page 44 of this issue). In addition, the **Ewing Marion Kauffman Foundation** has awarded a grant of \$50,000 to the study. These additional funds will enable ZERO TO THREE to collect more in-depth information and to disseminate lessons learned from promising community strategies implemented in Kansas and Missouri. Mathematica Policy Research is partnering with ZERO TO THREE to conduct this study.

The W. Clement and Jessie V. Stone Foundation has joined the David and Lucile Packard Foundation in supporting the ZERO TO THREE Center for Program Excellence with a grant of \$20,000. The Center provides resources, training, and technical assistance to directors and key management staff in child care and infant/family programs across the country. In addition, the work of the Center has expanded, thanks to a grant of \$140,060 by the **AT&T Family Care Development Fund**, to provide 1 year of intensive technical assistance to child care centers serving AT&T employees in the Washington, D.C., and Orlando, Florida, areas.

The Gerber Foundation has awarded a \$15,000 grant to ZERO TO THREE to conduct focus groups that will test parent's understanding of and reaction to parent education materials. These materials are being developed in partnership with the American Academy of Pediatrics around key themes of the National Academy of Sciences report *From Neurons to Neighborhoods: The Science of Early Childhood Development*.

The Pritzker Cousins Family Foundation and the **A. L. Mailman Family Foundation** have each awarded grants of \$60,000 to help strengthen and expand ZERO TO THREE's publishing capacity.

Audio Cassettes Available from 16th National Training Institute (NTI)

With a sold out attendance of 1600 professionals, this year's National Training Institute in sunny San Diego was a huge success. The program received high marks from attendees for its quality of presentations, speakers, and amount of time to interact with colleagues.

We are now offering audiocassettes which are available from most sessions at ZERO TO THREE's December 2001 NTI for only \$11 per cassette. Special topical sets are also available. Please order or inquire toll-free with Customer Service at 1-800-899-4301. Please identify the cassettes you wish to order by number and indicate you are ordering from the advertisement in the journal. Thank you!

**"An OUTSTANDING experience and personal opportunity.
I'm re-inspired and re-energized to keep on keepin' on."**

Full-Day Pre-Institute Forums

011-4 **Diagnosis of Infants and Young Children: An Overview & Case Presentation of Diagnostic Classification 0-3** - Robert J. Harmon, MD; Jean M. Thomas, MD, MSW (4 cassettes - \$44.00)

021-4 **Italian Approach to Infant/Toddler Care: Experiences from Three Cities, Reggio Emilia, Pistoia and Milan** - Carolyn Pope Edwards, EdD; Robert Emde, MD; Annalisa Galandini; Lella Gandini; Donatella Giovannini; J. Ronald Lally, EdD; Professor Dr. Susanna Mantovani (4 cassettes - \$44.00)

031-4 **Care for Medically Fragile Infants and Toddlers: Training, Systems and Family Support Issues** - Polly Arango; Joy V. Browne, PhD; Marilyn Krajcek, RN, EdD; FAAN; Linda Sarkowiak, RN, ND, CNS; Linda Wollersheim, RN, MA; Mary Claire Heffron, PhD; Glenna Boyce, PhD (4 cassettes - \$44.00)

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Plenary Sessions

051-2 **Plenary Session: School Readiness - A Zero to Three Perspective** - Barbara T. Bowman; J. Ronald Lally, EdD; Samuel J. Meisels, EdD (2 cassettes - \$22.00)

261-2 **Plenary Session: Science of Early Childhood Intervention - Lessons Learned and Mountains to Climb** - Yolanda Garcia, MA; Michael J. Guralnick, PhD; Gilda Morelli, PhD; Jack P. Shonkoff, MD (2 cassettes - \$22.00)

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Adapted by Rebecca Parlakian

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Produced in both Spanish and English, these materials were developed for early childhood practitioners who want to provide families with information about the importance of the first three years of life and the role they can play as their child's first and most important teacher. The Early Childhood Resource Kit contains the following materials for parents:

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We look forward to hearing from you.

April/May 2002 – Agents of Change for Infants and Toddlers in Foster Care: This issue will focus on how individuals and groups, in different roles and circumstances, are making thoughtful efforts to improve outcomes for individual children and to change systems, with promising results. Contributors will include, among others, Randy Comfort; Mary Dozier; Sheryl Dicker and Elysa Gordon; Elaine Groppenbacher; Martha Grace, Cindy Lederman and Joy Osofsky; Teresa Jacobsen; Julie Larrieu; Alicia Lieberman; Kathryn Orfirer and Diana Kronstadt; Judith Silver; and Fred Wulczyn.

June/July 2002 – Perinatal Mental Health: Linda Mayes and Neill Epperson, of the Yale University School of Medicine, will be Guest Editors for this issue, which

will explore the normative developmental issues and crises that arise as adults make their transition to parenthood. The issue will include descriptions of how individual practitioners and programs are thinking about and addressing the mental health of expectant and new parents.

August/September 2002 – The Musical Lives of Babies and Families: Lori Custodero of Teachers' College, Columbia University, will be Guest Editor for this issue. Additional contributors will include Danette Littleton, Jayne Standly, Laurel Trainer, Sandra Trehub, and Colwyn Trevarthen. A special feature of the issue will be the Toddler Top 40 – visit www.zerotothree.org to register the songs you and the babies and toddlers in your life like most.

THE EDITORIAL MISSION OF THE ZERO TO THREE BULLETIN

To provide a forum for thoughtful discussion of important research, practice, professional development, and policy issues in the multidisciplinary infant, toddler and family field.

THE MISSION OF ZERO TO THREE: NATIONAL CENTER FOR INFANTS, TODDLERS AND FAMILIES

ZERO TO THREE is a national nonprofit whose mission is to promote the healthy social, emotional and intellectual development of our nation's infants and toddlers by supporting and strengthening families, communities, and those who work on their behalf.

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